LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

As of December 31, 2015

of the Condition and Affairs of the

NATIONWIDE LIFE INSURANCE COMPANY

NAIC Group Code..... 0140 (Current Period) 0140 (Prior Period) NAIC Company Code..... 66869 Employer's ID Number..... 31-4156830

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

Incorporated/Organized..... March 21, 1929 Commenced Business..... January 10, 1931

Statutory Home Office ONE WEST NATIONWIDE BLVD..... COLUMBUS ..... OH ..... US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office ONE WEST NATIONWIDE BLVD..... COLUMBUS ..... OH ..... US 43215-2220 800-882-2822
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS ..... OH ..... US 43215-2220
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS ..... OH ..... US 43215-2220 800-882-2822
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.NATIONWIDE.COM

Statutory Statement Contact RONALD S. PORTER 614-249-1545
(Name) (Area Code) (Telephone Number) (Extension)
STATACCT@NATIONWIDE.COM 877-669-5908
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. KIRT ALAN WALKER	PRESIDENT & COO	2. ROBERT WILLIAM HORNER III #	VP & SECRETARY
3. DAVID PATRICK LAPAUL	SR VP & TREASURER	4. STEVEN ANDREW GINNAN	VP - NF CHIEF ACTUARY

OTHER

J. LYNN ANDERSON	SR VP - PRES NATIONWIDE BANK	PAMELA ANN BIESECKER	SR VP - HEAD OF TAXATION
MICHAEL ALOYSIUS BOYD #	SR VP-ENTERPRISE BRAND MRKT	JOHN LAUGHLIN CARTER	SR VP - NW RETIREMENT PLANS
TAMMY CRAIG	SR VP- CIO CL & AGENCY	RAE ANN DANKOVIC	SR VP - NFS LEGAL
TIMOTHY GERARD FROMMEYER	SR VP - CFO	DAVID LUTHER GIERTZ	SR VP - NF DISTRIB SALES
PETER ANTHONY GOLATO	SR VP - NW FINANCIAL NETWORK	SUSAN JEAN GUELI	SR VP - CIO NF SYSTEMS
HARRY HANSEN HALLOWELL	SR VP	PATRICIA RUTH HATLER	EXEC VP- CHIEF LEGAL & GOV OFF
ERIC SHAWN HENDERSON	SR VP - IND PRODUCTS & SOL	TIFFANIE J HIIBNER #	SR VP-MARKT SERVICES
TERRI LYNN HILL #	SR VP- PRES, NW GROWTH SOLN	MICHAEL CRAIG KELLER	EXEC VP - CHIEF INFO OFFICER
GALE VERDELL KING #	EXEC VP - CHIEF ADMINIST OFF	JENNIFER BOYD MACKENZIE #	SR VP- MARKETING- NF
MARK ANGELO PIZZI	EXEC VP	STEVEN CHARLES POWER #	SR VP - NFS FIN SOLN & SPT SVCS
SANDRA LYNN RICH #	SR VP	MICHAEL SCOTT SPANGLER	SR VP - INVEST MANAG GROUP
MARK RAYMOND THRESHER	EXEC VP		

DIRECTORS OR TRUSTEES

JOHN LAUGHLIN CARTER
MARK RAYMOND THRESHER
TIMOTHY GERARD FROMMEYER
KIRT ALAN WALKER
ERIC SHAWN HENDERSON
STEPHEN SCOTT RASMUSSEN

State of..... OHIO
County of..... FRANKLIN

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)
KIRT ALAN WALKER	ROBERT WILLIAM HORNER III	DAVID PATRICK LAPAUL
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT & COO	VP & SECRETARY	SR VP & TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 8th day of February 2016

a. Is this an original filing? Yes [X] No [ ]
b. If no,
State the amendment number
Date filed
Number of pages attached

NOTARIAL SEAL STATE OF OHIO

Ethan A. Schaffner
Notary Public, State of Ohio
My Commission Expires 12-03-2020

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	828,636		2,724		831,360
2.	Annuity considerations	45,311				45,311
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	457,483		30,880		488,363
5.	Totals (Sum of Lines 1 to 4)	1,331,430	0	33,604	0	1,365,034
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	49,871				49,871
6.2	Applied to pay renewal premiums	66,940				66,940
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	102,375				102,375
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	219,186	0	0	0	219,186
	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)	219,186	0	0	0	219,186
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	373,488				373,488
10.	Matured endowments	18,758				18,758
11.	Annuity benefits	363,381		3,841		367,222
12.	Surrender values and withdrawals for life contracts	2,799,819		192		2,800,011
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	12,673				12,673
15.	Totals	3,568,119	0	4,033	0	3,572,152
	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	6	413,293							6	413,293
17.	Incurred during current year	22	218,888							22	218,888
	Settled during current year:										
18.1	By payment in full	24	214,923							24	214,923
18.2	By payment on compromised claims									0	0
18.3	Totals paid	24	214,923	0	0	0	0	0	0	24	214,923
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	24	214,923	0	0	0	0	0	0	24	214,923
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	417,258	0	0	0	0	0	0	4	417,258
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	385	71,652,311		(a)	2	2,336,351			387	73,988,662
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(13)	(890,043)				(46,011)			(13)	(936,054)
23.	In force December 31 of current year	372	70,762,268	0	(a) 0	2	2,290,340	0	0	374	73,052,608

(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)	1,333	1,333			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,333	1,333	0	0	0

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

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DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	206,792		7,232		214,024
2.	Annuity considerations	1,475,888				1,475,888
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	4,755,457		1,798,785		6,554,242
5.	Totals (Sum of Lines 1 to 4)	6,438,137	0	1,806,017	0	8,244,154
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	10,969				10,969
6.2	Applied to pay renewal premiums	5,813				5,813
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	11,991				11,991
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	28,773	0	0	0	28,773
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	1,094				1,094
7.4	Totals (Sum of Lines 7.1 to 7.3)	1,094	0	0	0	1,094
8.	Grand Totals (Lines 6.5 + 7.4)	29,867	0	0	0	29,867
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,650,751				15,650,751
10.	Matured endowments					0
11.	Annuity benefits	773,668		314,333		1,088,001
12.	Surrender values and withdrawals for life contracts	6,488,178		1,885,259		8,373,437
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	3				3
15.	Totals	22,912,600	0	2,199,592	0	25,112,192
	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	15,650,751							4	15,650,751
	Settled during current year:										
18.1	By payment in full	3	15,648,316							3	15,648,316
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	15,648,316	0	0	0	0	0	0	3	15,648,316
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	15,648,316	0	0	0	0	0	0	3	15,648,316
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,435	0	0	0	0	0	0	1	2,435
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	404	102,525,853		(a)		573,997			404	103,099,850
21.	Issued during year		110,966							0	110,966
22.	Other changes to in force (Net)	(18)	(16,509,839)							(18)	(16,509,839)
23.	In force December 31 of current year	386	86,126,980	0	(a) 0	0	573,997	0	0	386	86,700,977

(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)	1,184,192	1,185,053		628,527	629,527
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)	5,032	5,032		2,869	2,869
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)	5,032	5,032	0	2,869	2,869
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,189,224	1,190,085	0	631,396	632,396

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....18 and number of persons insured under indemnity only products.....25.

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	6,625,836		204,153		6,829,989
2.	Annuity considerations	4,586,608				4,586,608
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	58,844,864		60,084,154		118,929,018
5.	Totals (Sum of Lines 1 to 4)	70,057,308	0	60,288,307	0	130,345,615
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	94,918		26		94,944
6.2	Applied to pay renewal premiums	63,786				63,786
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	215,334				215,334
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	374,038	0	26	0	374,064
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	577				577
7.4	Totals (Sum of Lines 7.1 to 7.3)	577	0	0	0	577
8.	Grand Totals (Lines 6.5 + 7.4)	374,615	0	26	0	374,641
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,951,959		94,298		6,046,257
10.	Matured endowments	2,166				2,166
11.	Annuity benefits	7,914,401		7,912,161		15,826,562
12.	Surrender values and withdrawals for life contracts	47,988,138		69,586,978		117,575,116
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	126,172		27,845		154,017
15.	Totals	61,982,836	0	77,621,282	0	139,604,118
	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	323,102			3	4,823			13	327,925
17.	Incurred during current year	80	5,965,817			6	19,298			86	5,985,115
	Settled during current year:										
18.1	By payment in full	77	6,132,924			5	14,298			82	6,147,222
18.2	By payment on compromised claims									0	0
18.3	Totals paid	77	6,132,924	0	0	5	14,298	0	0	82	6,147,222
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	77	6,132,924	0	0	5	14,298	0	0	82	6,147,222
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	13	155,995	0	0	4	9,823	0	0	17	165,818
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6,967	929,821,930		(a)		1,478,580			6,967	931,300,510
21.	Issued during year	16	11,920,649							16	11,920,649
22.	Other changes to in force (Net)	(350)	(36,601,280)				(146,478)			(350)	(36,747,758)
23.	In force December 31 of current year	6,633	905,141,299	0	(a) 0	0	1,332,102	0	0	6,633	906,473,401

(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)	7,512,419	4,196,973		1,177,145	2,538,081
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)	64,106	64,106		33,041	33,041
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)	64,106	64,106	0	33,041	33,041
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,576,525	4,261,079	0	1,210,186	2,571,122

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....437 and number of persons insured under indemnity only products.....853.

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,864,534		46,253		1,910,787
2.	Annuity considerations	2,928,418				2,928,418
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	23,519,166		44,293,856		67,813,022
5.	Totals (Sum of Lines 1 to 4)	28,312,118	0	44,340,109	0	72,652,227
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	45,016				45,016
6.2	Applied to pay renewal premiums	13,230				13,230
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	82,247				82,247
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	140,493	0	0	0	140,493
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	2,513				2,513
7.4	Totals (Sum of Lines 7.1 to 7.3)	2,513	0	0	0	2,513
8.	Grand Totals (Lines 6.5 + 7.4)	143,006	0	0	0	143,006
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	980,276		29,405		1,009,681
10.	Matured endowments	10,674				10,674
11.	Annuity benefits	6,352,210		2,055,739		8,407,949
12.	Surrender values and withdrawals for life contracts	22,512,996		30,352,628		52,865,624
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	31,579				31,579
15.	Totals	29,887,735	0	32,437,772	0	62,325,507
	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	4	908,755			1	3,574			5	912,329
17.	Incurred during current year	33	933,293			1	4,405			34	937,698
	Settled during current year:										
18.1	By payment in full	33	1,402,724			2	7,979			35	1,410,703
18.2	By payment on compromised claims									0	0
18.3	Totals paid	33	1,402,724	0	0	2	7,979	0	0	35	1,410,703
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	33	1,402,724	0	0	2	7,979	0	0	35	1,410,703
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	439,324	0	0	0	0	0	0	4	439,324
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,750	352,478,664		(a)	1	288,002			2,751	352,766,666
21.	Issued during year		413,938							0	413,938
22.	Other changes to in force (Net)	(154)	(13,969,234)				(10,325)			(154)	(13,979,559)
23.	In force December 31 of current year	2,596	338,923,368	0	(a) 0	1	277,677	0	0	2,597	339,201,045

(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)	948,471	920,890		356,302	444,995
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)	4,384	4,384		1,788	1,788
25.3	Non-renewable for stated reasons only (b)	1,672	1,672		91,115	91,115
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	6,056	6,056	0	92,903	92,903
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	954,527	926,946	0	449,205	537,898

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....34 and number of persons insured under indemnity only products.....207.

DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	29,852				29,852
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	29,852	0	0	0	29,852
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	890				890
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)	894	0	0	0	894
	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)	894	0	0	0	894
	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	8,760				8,760
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	8,760	0	0	0	8,760
	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	17,865							1	17,865
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)	1	17,865	0	0	0	0	0	0	1	17,865
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	28	11,784,872		(a)					28	11,784,872
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(576,793)							(4)	(576,793)
23.	In force December 31 of current year	24	11,208,079	0	(a) 0	0	0	0	0	24	11,208,079

(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 ARIZONA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	8,408,142		18,101,820		26,509,962
2.	Annuity considerations	18,612,291		684,058		19,296,349
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	128,946,805		131,742,145		260,688,950
5.	Totals (Sum of Lines 1 to 4)	155,967,238	0	150,528,023	0	306,495,261
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	123,195				123,195
6.2	Applied to pay renewal premiums	154,182				154,182
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	222,050				222,050
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	499,427	0	0	0	499,427
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	5,438				5,438
7.4	Totals (Sum of Lines 7.1 to 7.3)	5,438	0	0	0	5,438
8.	Grand Totals (Lines 6.5 + 7.4)	504,865	0	0	0	504,865
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	4,205,628		44,321		4,249,949
10.	Matured endowments	19,696				19,696
11.	Annuity benefits	19,650,156		5,419,517		25,069,673
12.	Surrender values and withdrawals for life contracts	146,556,949		105,511,202		252,068,151
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	36,920				36,920
15.	Totals	170,469,349	0	110,975,040	0	281,444,389
	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	12	129,583			1	3,000			13	132,583
17.	Incurred during current year	76	4,166,492			18	41,821			94	4,208,313
	Settled during current year:										
18.1	By payment in full	81	4,221,024			19	44,821			100	4,265,845
18.2	By payment on compromised claims									0	0
18.3	Totals paid	81	4,221,024	0	0	19	44,821	0	0	100	4,265,845
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	81	4,221,024	0	0	19	44,821	0	0	100	4,265,845
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	75,051	0	0	0	0	0	0	7	75,051
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4,735	945,925,101		(a)	244	232,631,210			4,979	1,178,556,311
21.	Issued during year	26	32,952,646							26	32,952,646
22.	Other changes to in force (Net)	(326)	(143,036,355)			(66)	(96,806,296)			(392)	(239,842,651)
23.	In force December 31 of current year	4,435	835,841,392	0	(a) 0	178	135,824,914	0	0	4,613	971,666,306

(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)	6,228,066	5,562,623		1,487,948	1,741,900
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	128	128			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	32,111	32,111		74,127	74,127
25.3	Non-renewable for stated reasons only (b)	1,062	1,062			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	33,173	33,173	0	74,127	74,127
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,261,367	5,595,924	0	1,562,075	1,816,027

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....459 and number of persons insured under indemnity only products.....1,504.

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	57,798,953		95,393,571		153,192,524
2.	Annuity considerations	42,009,300		29,869		42,039,169
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	602,824,193		344,579,508		947,403,701
5.	Totals (Sum of Lines 1 to 4)	702,632,446	0	440,002,948	0	1,142,635,394
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	910,243		112		910,355
6.2	Applied to pay renewal premiums	1,042,526		16		1,042,542
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,650,524		33		1,650,557
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,603,293	0	161	0	3,603,454
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	778				778
7.3	Other	16,395				16,395
7.4	Totals (Sum of Lines 7.1 to 7.3)	17,173	0	0	0	17,173
8.	Grand Totals (Lines 6.5 + 7.4)	3,620,466	0	161	0	3,620,627
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	26,523,187		2,107,283		28,630,470
10.	Matured endowments	24,872				24,872
11.	Annuity benefits	97,991,184		28,241,162		126,232,346
12.	Surrender values and withdrawals for life contracts	524,680,505		420,267,196		944,947,701
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	133,477		41,195		174,672
15.	Totals	649,353,225	0	450,656,836	0	1,100,010,061
	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	61	2,329,827			20	53,101			81	2,382,928
17.	Incurred during current year	333	26,361,443			42	2,032,263			375	28,393,706
	Settled during current year:										
18.1	By payment in full	326	23,932,663			47	1,883,037			373	25,815,700
18.2	By payment on compromised claims									0	0
18.3	Totals paid	326	23,932,663	0	0	47	1,883,037	0	0	373	25,815,700
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	326	23,932,663	0	0	47	1,883,037	0	0	373	25,815,700
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	68	4,758,607	0	0	15	202,327	0	0	83	4,960,934
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	23,268	7,010,044,076		(a)	2,017	2,590,636,946			25,285	9,600,681,022
21.	Issued during year	82	90,848,234			158	172,291,126			240	263,139,360
22.	Other changes to in force (Net)	(1,259)	(482,812,553)			(106)	(147,636,434)			(1,365)	(630,448,987)
23.	In force December 31 of current year	22,091	6,618,079,757	0	(a) 0	2,069	2,615,291,638	0	0	24,160	9,233,371,395

(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)	30,964,062	34,735,138		34,082,537	34,589,778
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1,483	1,483		4,462	4,462
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	21,192	21,192		22,453	22,453
25.3	Non-renewable for stated reasons only (b)	1,988	1,988			
25.4	Other accident only					
25.5	All other (b)	175	175			
25.6	Totals (Sum of Lines 25.1 to 25.5)	23,355	23,355	0	22,453	22,453
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,988,900	34,759,976	0	34,109,452	34,616,693

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....23,892 and number of persons insured under indemnity only products.....4,942.

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DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	87,286				87,286
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations			6,267		6,267
5.	Totals (Sum of Lines 1 to 4)	87,286	0	6,267	0	93,553
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	13,370				13,370
6.2	Applied to pay renewal premiums	11,362				11,362
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	16,423				16,423
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	41,155	0	0	0	41,155
	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)	41,155	0	0	0	41,155
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	33,955				33,955
10.	Matured endowments					0
11.	Annuity benefits	64,557				64,557
12.	Surrender values and withdrawals for life contracts	26,759		63		26,822
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	282				282
15.	Totals	125,553	0	63	0	125,616
	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	507	31,329,753		(a)	1	47,787			508	31,377,540
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(16)	2,043,794							(16)	2,043,794
23.	In force December 31 of current year	491	33,373,547	0	(a) 0	1	47,787	0	0	492	33,421,334

(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.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,668,807		10,884,848		16,553,655
2.	Annuity considerations	14,178,834				14,178,834
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	92,231,278		76,977,028		169,208,306
5.	Totals (Sum of Lines 1 to 4)	112,078,919	0	87,861,876	0	199,940,795
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	109,985		20		110,005
6.2	Applied to pay renewal premiums	162,132		6		162,138
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	173,307				173,307
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	445,424	0	26	0	445,450
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	64				64
7.3	Other	2,719				2,719
7.4	Totals (Sum of Lines 7.1 to 7.3)	2,783	0	0	0	2,783
8.	Grand Totals (Lines 6.5 + 7.4)	448,207	0	26	0	448,233
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,913,758		1,367,800		4,281,558
10.	Matured endowments	1,000				1,000
11.	Annuity benefits	12,305,578		5,474,613		17,780,191
12.	Surrender values and withdrawals for life contracts	69,261,035		50,368,330		119,629,365
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	1,763				1,763
15.	Totals	84,483,134	0	57,210,743	0	141,693,877
	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	214,184			2	737,900			16	952,084
17.	Incurred during current year	78	2,920,070			9	1,367,800			87	4,287,870
	Settled during current year:										
18.1	By payment in full	75	2,563,718			9	2,099,846			84	4,663,564
18.2	By payment on compromised claims									0	0
18.3	Totals paid	75	2,563,718	0	0	9	2,099,846	0	0	84	4,663,564
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	75	2,563,718	0	0	9	2,099,846	0	0	84	4,663,564
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	17	570,536	0	0	2	5,854	0	0	19	576,390
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4,374	761,324,406		(a)	63	89,571,248			4,437	850,895,654
21.	Issued during year	45	51,633,346			38	134,631,226			83	186,264,572
22.	Other changes to in force (Net)	(209)	(55,422,219)			(32)	(26,851,083)			(241)	(82,273,302)
23.	In force December 31 of current year	4,210	757,535,533	0	(a) 0	69	197,351,391	0	0	4,279	954,886,924

(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)	1,996,058	1,775,455		1,595,796	1,651,296
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)				2,000	2,000
25.2	Guaranteed renewable (b)	7,260	7,260		2,740	2,740
25.3	Non-renewable for stated reasons only (b)	362	362			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,622	7,622	0	4,740	4,740
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,003,680	1,783,077	0	1,600,536	1,656,036

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....153 and number of persons insured under indemnity only products.....511.

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DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	6,841,779		396,679,211		403,520,990
2.	Annuity considerations	24,174,232				24,174,232
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	100,727,000		29,664,359		130,391,359
5.	Totals (Sum of Lines 1 to 4)	131,743,011	0	426,343,570	0	558,086,581
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	265,422				265,422
6.2	Applied to pay renewal premiums	203,645				203,645
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	372,131				372,131
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	841,198	0	0	0	841,198
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	702				702
7.4	Totals (Sum of Lines 7.1 to 7.3)	702	0	0	0	702
8.	Grand Totals (Lines 6.5 + 7.4)	841,900	0	0	0	841,900
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	4,311,476		16,806		4,328,282
10.	Matured endowments	46,488				46,488
11.	Annuity benefits	18,399,247		2,926,137		21,325,384
12.	Surrender values and withdrawals for life contracts	85,672,978		44,083,617		129,756,595
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	34,787		19,009		53,796
15.	Totals	108,464,976	0	47,045,569	0	155,510,545
	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	25	308,082			3	2,565			28	310,647
17.	Incurred during current year	140	4,330,485			6	16,806			146	4,347,291
	Settled during current year:										
18.1	By payment in full	144	4,285,985			7	16,391			151	4,302,376
18.2	By payment on compromised claims									0	0
18.3	Totals paid	144	4,285,985	0	0	7	16,391	0	0	151	4,302,376
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	144	4,285,985	0	0	7	16,391	0	0	151	4,302,376
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	21	352,582	0	0	2	2,980	0	0	23	355,562
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	11,123	1,336,885,004		(a)	54	40,596,627			11,177	1,377,481,631
21.	Issued during year	6	5,647,114							6	5,647,114
22.	Other changes to in force (Net)	(634)	(101,955,585)			(1)	(432,247)			(635)	(102,387,832)
23.	In force December 31 of current year	10,495	1,240,576,533	0	(a) 0	53	40,164,380	0	0	10,548	1,280,740,913

(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)	9,299,479	13,753,204		13,896,232	12,995,075
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)	330,471	330,471		204,702	204,702
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)	330,471	330,471	0	204,702	204,702
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,629,950	14,083,675	0	14,100,934	13,199,777

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....5,764 and number of persons insured under indemnity only products.....238.

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

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,222,181		1,044,905		3,267,086
2.	Annuity considerations	3,517,564				3,517,564
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	6,364,626		1,425,311		7,789,937
5.	Totals (Sum of Lines 1 to 4)	12,104,371	0	2,470,216	0	14,574,587
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	18,253				18,253
6.2	Applied to pay renewal premiums	38,450				38,450
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	35,296				35,296
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	91,999	0	0	0	91,999
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	190				190
7.4	Totals (Sum of Lines 7.1 to 7.3)	190	0	0	0	190
8.	Grand Totals (Lines 6.5 + 7.4)	92,189	0	0	0	92,189
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	130,807		(19,399)		111,408
10.	Matured endowments					0
11.	Annuity benefits	1,896,892		482,372		2,379,264
12.	Surrender values and withdrawals for life contracts	5,366,163		827,340		6,193,503
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	736				736
15.	Totals	7,394,598	0	1,290,313	0	8,684,911
	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	5	90,916			3	5,028			8	95,944
17.	Incurred during current year	9	130,806			2	11,777			11	142,583
	Settled during current year:										
18.1	By payment in full	10	105,987			(4)	11,817			6	117,804
18.2	By payment on compromised claims									0	0
18.3	Totals paid	10	105,987	0	0	(4)	11,817	0	0	6	117,804
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	10	105,987	0	0	(4)	11,817	0	0	6	117,804
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	115,735	0	0	9	4,988	0	0	13	120,723
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,041	343,201,209		(a)	2	2,787,263			1,043	345,988,472
21.	Issued during year	1	1,133,568							1	1,133,568
22.	Other changes to in force (Net)	(28)	(509,049)				(73,951)			(28)	(583,000)
23.	In force December 31 of current year	1,014	343,825,728	0	(a) 0	2	2,713,312	0	0	1,016	346,539,040

(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)	711,209	707,221		39,959	40,832
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)	4,278	4,278		1,463	1,463
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)	4,278	4,278	0	1,463	1,463
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	715,487	711,499	0	41,422	42,295

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....110 and number of persons insured under indemnity only products.....30.

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DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,842,007		110,114,322		132,956,329
2.	Annuity considerations	3,674,227				3,674,227
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	21,888,698		1,973,620		23,862,318
5.	Totals (Sum of Lines 1 to 4)	48,404,932	0	112,087,942	0	160,492,874
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	186,588		13		186,601
6.2	Applied to pay renewal premiums	199,005				199,005
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	590,227				590,227
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	975,820	0	13	0	975,833
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	152				152
7.4	Totals (Sum of Lines 7.1 to 7.3)	152	0	0	0	152
8.	Grand Totals (Lines 6.5 + 7.4)	975,972	0	13	0	975,985
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	14,234,689		42,203,744		56,438,433
10.	Matured endowments	114,420				114,420
11.	Annuity benefits	3,825,276		792,893		4,618,169
12.	Surrender values and withdrawals for life contracts	25,063,570		20,984,148		46,047,718
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	51,302		15,960		67,262
15.	Totals	43,289,257	0	63,996,745	0	107,286,002
	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	72,769			10	746,946			24	819,715
17.	Incurred during current year	153	14,250,650			9	41,671,244			162	55,921,894
	Settled during current year:										
18.1	By payment in full	142	12,108,191			19	41,958,817			161	54,067,008
18.2	By payment on compromised claims									0	0
18.3	Totals paid	142	12,108,191	0	0	19	41,958,817	0	0	161	54,067,008
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	142	12,108,191	0	0	19	41,958,817	0	0	161	54,067,008
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	25	2,215,228	0	0	0	459,373	0	0	25	2,674,601
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	12,459	2,361,166,075		(a)	10,206	17,232,310,027			22,665	19,593,476,102
21.	Issued during year	342	156,287,114			331	406,108,454			673	562,395,568
22.	Other changes to in force (Net)	(571)	(88,566,546)			45	(53,087,493)			(526)	(141,654,039)
23.	In force December 31 of current year	12,230	2,428,886,643	0	(a) 0	10,582	17,585,330,988	0	0	22,812	20,014,217,631

(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)	812,834	663,832		159,977	(517,257)
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)	9,288	9,288		14,017	14,017
25.3	Non-renewable for stated reasons only (b)	113	113			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,401	9,401	0	14,017	14,017
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	822,235	673,233	0	173,994	(503,240)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....449 and number of persons insured under indemnity only products.....141.

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	23,595,903		60,977,925		84,573,828
2.	Annuity considerations	49,477,042				49,477,042
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	402,317,163		679,115,843		1,081,433,006
5.	Totals (Sum of Lines 1 to 4)	475,390,108	0	740,093,768	0	1,215,483,876
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	922,283		191		922,474
6.2	Applied to pay renewal premiums	781,737				781,737
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,433,486		17		1,433,503
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,137,506	0	208	0	3,137,714
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	297				297
7.3	Other	14,574				14,574
7.4	Totals (Sum of Lines 7.1 to 7.3)	14,871	0	0	0	14,871
8.	Grand Totals (Lines 6.5 + 7.4)	3,152,377	0	208	0	3,152,585
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	17,533,848		2,737,547		20,271,395
10.	Matured endowments	51,661				51,661
11.	Annuity benefits	74,521,549		61,046,683		135,568,232
12.	Surrender values and withdrawals for life contracts	368,183,540		528,409,214		896,592,754
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	306,227				306,227
15.	Totals	460,596,825	0	592,193,444	0	1,052,790,269
	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	67	782,208			10	28,413			77	810,621
17.	Incurred during current year	607	17,394,176			46	2,705,016			653	20,099,192
	Settled during current year:										
18.1	By payment in full	583	17,059,252			44	2,664,645			627	19,723,897
18.2	By payment on compromised claims									0	0
18.3	Totals paid	583	17,059,252	0	0	44	2,664,645	0	0	627	19,723,897
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	583	17,059,252	0	0	44	2,664,645	0	0	627	19,723,897
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	91	1,117,132	0	0	12	68,784	0	0	103	1,185,916
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	31,738	4,155,424,746		(a)	1,560	1,075,600,191			33,298	5,231,024,937
21.	Issued during year	23	10,753,251			63	26,431,589			86	37,184,840
22.	Other changes to in force (Net)	(1,447)	(211,130,849)			(7)	(5,118,680)			(1,454)	(216,249,529)
23.	In force December 31 of current year	30,314	3,955,047,148	0	(a) 0	1,616	1,096,913,100	0	0	31,930	5,051,960,248

(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)	8,729,920	6,996,483		3,080,886	3,312,486
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)	3,420	3,420			
25.2	Guaranteed renewable (b)	987,445	987,445		892,289	892,289
25.3	Non-renewable for stated reasons only (b)	10,267	10,267			
25.4	Other accident only					
25.5	All other (b)	93	93			
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,001,225	1,001,225	0	892,289	892,289
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,731,145	7,997,708	0	3,973,175	4,204,775

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....480 and number of persons insured under indemnity only products.....3,179.

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	20,061,356		15,940,815		36,002,171
2.	Annuity considerations	12,304,490				12,304,490
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	109,792,738		72,043,748		181,836,486
5.	Totals (Sum of Lines 1 to 4)	142,158,584	0	87,984,563	0	230,143,147
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	465,827		364		466,191
6.2	Applied to pay renewal premiums	211,573				211,573
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	628,000				628,000
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,305,400	0	364	0	1,305,764
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	61				61
7.3	Other	12,821				12,821
7.4	Totals (Sum of Lines 7.1 to 7.3)	12,882	0	0	0	12,882
8.	Grand Totals (Lines 6.5 + 7.4)	1,318,282	0	364	0	1,318,646
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,063,610		1,711,835		12,775,445
10.	Matured endowments	5,938				5,938
11.	Annuity benefits	14,243,588		8,924,843		23,168,431
12.	Surrender values and withdrawals for life contracts	91,960,805		155,428,556		247,389,361
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	103,394		71,348		174,742
15.	Totals	117,377,335	0	166,136,582	0	283,513,917
	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	24	1,199,813			9	23,780			33	1,223,593
17.	Incurred during current year	197	11,085,240			28	1,686,835			225	12,772,075
	Settled during current year:										
18.1	By payment in full	190	11,760,012			27	1,686,249			217	13,446,261
18.2	By payment on compromised claims									0	0
18.3	Totals paid	190	11,760,012	0	0	27	1,686,249	0	0	217	13,446,261
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	190	11,760,012	0	0	27	1,686,249	0	0	217	13,446,261
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	31	525,041	0	0	10	24,366	0	0	41	549,407
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	13,356	2,098,078,134		(a)	429	417,845,041			13,785	2,515,923,175
21.	Issued during year	25	19,009,715							25	19,009,715
22.	Other changes to in force (Net)	(769)	(151,972,118)			(29)	(29,144,891)			(798)	(181,117,009)
23.	In force December 31 of current year	12,612	1,965,115,731	0	(a) 0	400	388,700,150	0	0	13,012	2,353,815,881

(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)	6,298,183	6,113,941		4,946,821	5,036,195
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)	13,858	13,858			
25.2	Guaranteed renewable (b)	372,041	372,041		283,830	283,830
25.3	Non-renewable for stated reasons only (b)	729	729			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	386,628	386,628	0	283,830	283,830
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,684,811	6,500,569	0	5,230,651	5,320,025

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....117 and number of persons insured under indemnity only products.....2,865.

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	679,461,774		1,443,396,437		2,122,858,211
2.	Annuity considerations	686,725,383		2,427,433		689,152,816
3.	Deposit-type contract funds	548,334,800	XXX		XXX	548,334,800
4.	Other considerations	5,700,990,504		3,326,927,402		9,027,917,906
5.	Totals (Sum of Lines 1 to 4)	7,615,512,461	0	4,772,751,272	0	12,388,263,733
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14,190,216		12,549		14,202,765
6.2	Applied to pay renewal premiums	13,015,614		118		13,015,732
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	25,645,989		2,433		25,648,422
6.4	Other	(4,963,164)		(327)		(4,963,491)
6.5	Totals (Sum of Lines 6.1 to 6.4)	47,888,655	0	14,773	0	47,903,428
	Annuities:					
7.1	Paid in cash or left on deposit	6,605				6,605
7.2	Applied to provide paid-up annuities	4,358				4,358
7.3	Other	531,354				531,354
7.4	Totals (Sum of Lines 7.1 to 7.3)	542,317	0	0	0	542,317
8.	Grand Totals (Lines 6.5 + 7.4)	48,430,972	0	14,773	0	48,445,745
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	439,729,604		88,695,096		528,424,700
10.	Matured endowments	1,559,808				1,559,808
11.	Annuity benefits	921,604,632		512,487,931		1,434,092,563
12.	Surrender values and withdrawals for life contracts	4,951,541,198		3,991,881,933		8,943,423,131
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	4,146,458		2,489,962		6,636,420
15.	Totals	6,318,581,700	0	4,595,554,922	0	10,914,136,622
	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	1,357	45,787,290			164	3,132,623			1,521	48,919,913
17.	Incurred during current year	9,700	437,289,637			601	61,181,216			10,301	498,470,853
	Settled during current year:										
18.1	By payment in full	9,619	420,290,825			613	61,331,043			10,232	481,621,868
18.2	By payment on compromised claims									0	0
18.3	Totals paid	9,619	420,290,825	0	0	613	61,331,043	0	0	10,232	481,621,868
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	9,619	420,290,825	0	0	613	61,331,043	0	0	10,232	481,621,868
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1,438	62,786,102	0	0	152	2,982,796	0	0	1,590	65,768,898
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	759,384	93,827,587,704		(a)	23,303	31,446,328,134			782,687	125,273,915,838
21.	Issued during year	5,183	2,608,280,158			1,801	1,107,770,992			6,984	3,716,051,150
22.	Other changes to in force (Net)	(37,065)	(5,361,193,484)			(281)	2,183,849,779			(37,346)	(3,177,343,705)
23.	In force December 31 of current year	727,502	91,074,674,378	0	(a) 0	24,823	34,737,948,905	0	0	752,325	125,812,623,283

(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)	285,690,718	291,871,084		202,305,079	203,934,826
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,828	3,798		6,112	6,041
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	894,186	894,146		2,904,230	2,897,598
25.2	Guaranteed renewable (b)	8,699,686	8,920,254		6,723,645	6,547,065
25.3	Non-renewable for stated reasons only (b)	71,285	71,285		93,328	42,264
25.4	Other accident only					
25.5	All other (b)	6,793	6,793			(147)
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,671,950	9,892,478	0	9,721,203	9,486,780
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	295,366,496	301,767,360	0	212,032,394	213,427,647

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....108,296 and number of persons insured under indemnity only products.....47,647.

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,001				1,001
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	2,950		4,300		7,250
5.	Totals (Sum of Lines 1 to 4)	3,951	0	4,300	0	8,251
	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	110				110
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	110	0	0	0	110
	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)	110	0	0	0	110
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	30,234		3,962		34,196
12.	Surrender values and withdrawals for life contracts	727,842		277,313		1,005,155
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	758,076	0	281,275	0	1,039,351
	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	4	114,409		(a)					4	114,409
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(20,074)							(1)	(20,074)
23.	In force December 31 of current year	3	94,335	0	(a) 0	0	0	0	0	3	94,335

(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 6 8 6 9 2 0 1 5 4 3 0 1 2 1 0 0 *

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,885,737		317,052		2,202,789
2.	Annuity considerations	6,062,964				6,062,964
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	66,093,991		7,039,328		73,133,319
5.	Totals (Sum of Lines 1 to 4)	74,042,692	0	7,356,380	0	81,399,072
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	17,330				17,330
6.2	Applied to pay renewal premiums	16,505				16,505
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	19,824				19,824
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	53,659	0	0	0	53,659
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	209				209
7.4	Totals (Sum of Lines 7.1 to 7.3)	209	0	0	0	209
8.	Grand Totals (Lines 6.5 + 7.4)	53,868	0	0	0	53,868
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	(621,366)				(621,366)
10.	Matured endowments					0
11.	Annuity benefits	8,114,271		1,144,264		9,258,535
12.	Surrender values and withdrawals for life contracts	42,927,885		17,893,594		60,821,479
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	2				2
15.	Totals	50,420,792	0	19,037,858	0	69,458,650
	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	6	1,089,596							6	1,089,596
17.	Incurred during current year	10	(621,367)							10	(621,367)
	Settled during current year:										
18.1	By payment in full	14	448,165							14	448,165
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	448,165	0	0	0	0	0	0	14	448,165
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	448,165	0	0	0	0	0	0	14	448,165
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	20,064	0	0	0	0	0	0	2	20,064
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,206	325,813,387		(a)	19	6,449,736			1,225	332,263,123
21.	Issued during year	37	19,155,927							37	19,155,927
22.	Other changes to in force (Net)	(53)	(11,790,780)			(1)	(255,000)			(54)	(12,045,780)
23.	In force December 31 of current year	1,190	333,178,534	0	(a) 0	18	6,194,736	0	0	1,208	339,373,270

(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)	17,941	14,622		34,788	37,297
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)	3,715	3,715		842	842
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)	3,715	3,715	0	842	842
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,656	18,337	0	35,630	38,139

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....92 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,628,091		30,283		1,658,374
2.	Annuity considerations	2,797,828				2,797,828
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	26,362,673		20,978,370		47,341,043
5.	Totals (Sum of Lines 1 to 4)	30,788,592	0	21,008,653	0	51,797,245
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	84,712				84,712
6.2	Applied to pay renewal premiums	105,158				105,158
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	158,678		29		158,707
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	348,548	0	29	0	348,577
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	278				278
7.3	Other	6,373				6,373
7.4	Totals (Sum of Lines 7.1 to 7.3)	6,651	0	0	0	6,651
8.	Grand Totals (Lines 6.5 + 7.4)	355,199	0	29	0	355,228
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,373,454		23,863		1,397,317
10.	Matured endowments	7,012				7,012
11.	Annuity benefits	4,538,978		2,816,074		7,355,052
12.	Surrender values and withdrawals for life contracts	30,416,609		32,209,724		62,626,333
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	3,701				3,701
15.	Totals	36,339,754	0	35,049,661	0	71,389,415
	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	198,552			1	20,000			9	218,552
17.	Incurred during current year	37	1,373,454			6	14,063			43	1,387,517
	Settled during current year:										
18.1	By payment in full	42	1,565,448			5	28,132			47	1,593,580
18.2	By payment on compromised claims									0	0
18.3	Totals paid	42	1,565,448	0	0	5	28,132	0	0	47	1,593,580
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	42	1,565,448	0	0	5	28,132	0	0	47	1,593,580
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	6,558	0	0	2	5,931	0	0	5	12,489
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,981	339,067,500		(a)	30	67,885,348			2,011	406,952,848
21.	Issued during year		1,280,515							0	1,280,515
22.	Other changes to in force (Net)	(100)	(3,499,544)			(1)	(265,878)			(101)	(3,765,422)
23.	In force December 31 of current year	1,881	336,848,471	0	(a) 0	29	67,619,470	0	0	1,910	404,467,941

(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)	6,404,157	6,060,041		3,590,991	3,632,593
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)	6,404,157	6,060,041	0	3,590,991	3,632,593

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....1,889 and number of persons insured under indemnity only products.....588.

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,775,089		12,251		1,787,340
2.	Annuity considerations	2,204,867				2,204,867
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	13,722,027		35,383,547		49,105,574
5.	Totals (Sum of Lines 1 to 4)	17,701,983	0	35,395,798	0	53,097,781
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	21,039		141		21,180
6.2	Applied to pay renewal premiums	5,956				5,956
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	23,955				23,955
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	50,950	0	141	0	51,091
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	3,038				3,038
7.4	Totals (Sum of Lines 7.1 to 7.3)	3,038	0	0	0	3,038
8.	Grand Totals (Lines 6.5 + 7.4)	53,988	0	141	0	54,129
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	791,875		3,756		795,631
10.	Matured endowments					0
11.	Annuity benefits	2,479,619		5,883,573		8,363,192
12.	Surrender values and withdrawals for life contracts	11,955,542		49,815,999		61,771,541
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	1		21,791		21,792
15.	Totals	15,227,037	0	55,725,119	0	70,952,156
	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	69,113			2	4,912			3	74,025
17.	Incurred during current year	17	812,383			1	3,756			18	816,139
	Settled during current year:										
18.1	By payment in full	17	878,080			3	8,668			20	886,748
18.2	By payment on compromised claims									0	0
18.3	Totals paid	17	878,080	0	0	3	8,668	0	0	20	886,748
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	17	878,080	0	0	3	8,668	0	0	20	886,748
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,416	0	0	0	0	0	0	1	3,416
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	711	159,139,789		(a)		101,453			711	159,241,242
21.	Issued during year	9	9,436,959							9	9,436,959
22.	Other changes to in force (Net)	(13)	(1,316,863)				51,333			(13)	(1,265,530)
23.	In force December 31 of current year	707	167,259,885	0	(a) 0	0	152,786	0	0	707	167,412,671

(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)	1,224,709	1,401,646		561,488	561,158
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)	2,435	2,435		4,033	4,033
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)	2,435	2,435	0	4,033	4,033
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,227,144	1,404,081	0	565,521	565,191

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....351 and number of persons insured under indemnity only products.....133.

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DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,431,617		62,761,019		77,192,636
2.	Annuity considerations	29,801,912				29,801,912
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	184,997,924		182,993,894		367,991,818
5.	Totals (Sum of Lines 1 to 4)	229,231,453	0	245,754,913	0	474,986,366
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	250,970		45		251,015
6.2	Applied to pay renewal premiums	207,617		8		207,625
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	448,854				448,854
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	907,441	0	53	0	907,494
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	443				443
7.3	Other	29,309				29,309
7.4	Totals (Sum of Lines 7.1 to 7.3)	29,752	0	0	0	29,752
8.	Grand Totals (Lines 6.5 + 7.4)	937,193	0	53	0	937,246
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	19,463,374		934,050		20,397,424
10.	Matured endowments	12,160				12,160
11.	Annuity benefits	35,344,474		15,537,739		50,882,213
12.	Surrender values and withdrawals for life contracts	185,897,305		256,423,341		442,320,646
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	20,174		109,489		129,663
15.	Totals	240,737,487	0	273,004,619	0	513,742,106
	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	294,692			5	10,561			25	305,253
17.	Incurred during current year	160	19,426,650			30	569,324			190	19,995,974
	Settled during current year:										
18.1	By payment in full	151	14,145,554			27	99,231			178	14,244,785
18.2	By payment on compromised claims									0	0
18.3	Totals paid	151	14,145,554	0	0	27	99,231	0	0	178	14,244,785
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	151	14,145,554	0	0	27	99,231	0	0	178	14,244,785
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	29	5,575,788	0	0	8	480,654	0	0	37	6,056,442
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	25,930	2,754,613,290		(a)	990	1,816,452,810			26,920	4,571,066,100
21.	Issued during year	7	11,594,935							7	11,594,935
22.	Other changes to in force (Net)	(719)	(157,684,901)			(1)	(31,088,542)			(720)	(188,773,443)
23.	In force December 31 of current year	25,218	2,608,523,324	0	(a) 0	989	1,785,364,268	0	0	26,207	4,393,887,592

(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)	7,963,689	7,020,881		4,315,272	4,570,004
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	13,414	13,414		18,912	18,912
25.3	Non-renewable for stated reasons only (b)	185	185			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	13,599	13,599	0	18,912	18,912
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,977,288	7,034,480	0	4,334,184	4,588,916

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....582 and number of persons insured under indemnity only products.....1,787.

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,387,670		8,969,581		13,357,251
2.	Annuity considerations	8,505,548				8,505,548
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	105,389,850		52,560,302		157,950,152
5.	Totals (Sum of Lines 1 to 4)	118,283,068	0	61,529,883	0	179,812,951
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	136,603		176		136,779
6.2	Applied to pay renewal premiums	165,715				165,715
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	268,348		7		268,355
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	570,666	0	183	0	570,849
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	278				278
7.3	Other	9,204				9,204
7.4	Totals (Sum of Lines 7.1 to 7.3)	9,482	0	0	0	9,482
8.	Grand Totals (Lines 6.5 + 7.4)	580,148	0	183	0	580,331
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,956,628		227,173		6,183,801
10.	Matured endowments	52,919				52,919
11.	Annuity benefits	17,439,207		6,410,163		23,849,370
12.	Surrender values and withdrawals for life contracts	95,326,901		44,879,311		140,206,212
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	31,534		29,991		61,525
15.	Totals	118,807,189	0	51,546,638	0	170,353,827
	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	38,431			1	894			9	39,325
17.	Incurred during current year	135	5,950,652			12	22,173			147	5,972,825
	Settled during current year:										
18.1	By payment in full	129	3,350,474			9	20,746			138	3,371,220
18.2	By payment on compromised claims									0	0
18.3	Totals paid	129	3,350,474	0	0	9	20,746	0	0	138	3,371,220
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	129	3,350,474	0	0	9	20,746	0	0	138	3,371,220
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	2,638,609	0	0	4	2,321	0	0	18	2,640,930
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	7,223	706,694,554		(a)	133	226,034,808			7,356	932,729,362
21.	Issued during year	1	2,016,769							1	2,016,769
22.	Other changes to in force (Net)	(375)	(44,021,730)				(2,272,292)			(375)	(46,294,022)
23.	In force December 31 of current year	6,849	664,689,593	0	(a) 0	133	223,762,516	0	0	6,982	888,452,109

(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)	6,525,160	6,235,329		4,820,323	5,711,094
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)	65,056	65,056		29,361	29,361
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)	65,056	65,056	0	29,361	29,361
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,590,216	6,300,385	0	4,849,684	5,740,455

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....235 and number of persons insured under indemnity only products.....1,376.

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DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,912,227		2,205,435		5,117,662
2.	Annuity considerations	3,374,276				3,374,276
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	64,155,907		12,860,428		77,016,335
5.	Totals (Sum of Lines 1 to 4)	70,442,410	0	15,065,863	0	85,508,273
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	46,481				46,481
6.2	Applied to pay renewal premiums	54,442				54,442
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	105,004				105,004
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	205,927	0	0	0	205,927
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	1,898				1,898
7.4	Totals (Sum of Lines 7.1 to 7.3)	1,898	0	0	0	1,898
8.	Grand Totals (Lines 6.5 + 7.4)	207,825	0	0	0	207,825
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,000,692		1,155,349		3,156,041
10.	Matured endowments					0
11.	Annuity benefits	9,533,710		1,293,801		10,827,511
12.	Surrender values and withdrawals for life contracts	67,771,941		15,851,476		83,623,417
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	4,852		55,764		60,616
15.	Totals	79,311,195	0	18,356,390	0	97,667,585
	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	1,036,161							9	1,036,161
17.	Incurred during current year	35	2,017,953			2	13,469			37	2,031,422
	Settled during current year:										
18.1	By payment in full	39	2,711,221			2	13,469			41	2,724,690
18.2	By payment on compromised claims									0	0
18.3	Totals paid	39	2,711,221	0	0	2	13,469	0	0	41	2,724,690
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	39	2,711,221	0	0	2	13,469	0	0	41	2,724,690
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	342,893	0	0	0	0	0	0	5	342,893
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,436	427,742,075		(a)	1	640,136			2,437	428,382,211
21.	Issued during year		561,934							0	561,934
22.	Other changes to in force (Net)	(150)	(4,353,975)			(1)	(159,613)			(151)	(4,513,588)
23.	In force December 31 of current year	2,286	423,950,034	0	(a) 0	0	480,523	0	0	2,286	424,430,557

(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)	3,639,460	3,077,530		1,304,825	1,309,616
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)	207	207			
25.3	Non-renewable for stated reasons only (b)	23,343	23,343			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	23,550	23,550	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,663,010	3,101,080	0	1,304,825	1,309,616

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....711 and number of persons insured under indemnity only products.....437.

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,266,168		7,053,820		11,319,988
2.	Annuity considerations	8,119,751				8,119,751
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	63,777,502		20,086,139		83,863,641
5.	Totals (Sum of Lines 1 to 4)	76,163,421	0	27,139,959	0	103,303,380
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	203,471		41		203,512
6.2	Applied to pay renewal premiums	279,030				279,030
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	460,499				460,499
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	943,000	0	41	0	943,041
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	4,683				4,683
7.4	Totals (Sum of Lines 7.1 to 7.3)	4,683	0	0	0	4,683
8.	Grand Totals (Lines 6.5 + 7.4)	947,683	0	41	0	947,724
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	3,592,513		5,866,841		9,459,354
10.	Matured endowments	3,000				3,000
11.	Annuity benefits	6,978,761		2,376,669		9,355,430
12.	Surrender values and withdrawals for life contracts	39,683,109		31,602,072		71,285,181
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	98,290		90,833		189,123
15.	Totals	50,355,673	0	39,936,415	0	90,292,088
	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	15	465,257							15	465,257
17.	Incurred during current year	131	3,601,789			3	6,299			134	3,608,088
	Settled during current year:										
18.1	By payment in full	123	3,551,183			3	6,299			126	3,557,482
18.2	By payment on compromised claims									0	0
18.3	Totals paid	123	3,551,183	0	0	3	6,299	0	0	126	3,557,482
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	123	3,551,183	0	0	3	6,299	0	0	126	3,557,482
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	23	515,863	0	0	0	0	0	0	23	515,863
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	8,050	795,051,076		(a)		927,008			8,050	795,978,084
21.	Issued during year	3	636,257							3	636,257
22.	Other changes to in force (Net)	(401)	(50,512,432)				93,701			(401)	(50,418,731)
23.	In force December 31 of current year	7,652	745,174,901	0	(a) 0	0	1,020,709	0	0	7,652	746,195,610

(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)	5,869,024	6,546,711		4,673,345	4,826,595
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)	75,440	75,440		45,900	45,900
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	833	833			
25.6	Totals (Sum of Lines 25.1 to 25.5)	76,273	76,273	0	45,900	45,900
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,945,297	6,622,984	0	4,719,245	4,872,495

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....33 and number of persons insured under indemnity only products.....1,293.

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,685,245		833,360		2,518,605
2.	Annuity considerations	3,257,918				3,257,918
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	80,721,928		44,584,621		125,306,549
5.	Totals (Sum of Lines 1 to 4)	85,665,091	0	45,417,981	0	131,083,072
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	116,571				116,571
6.2	Applied to pay renewal premiums	105,600				105,600
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	172,337		16		172,353
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	394,508	0	16	0	394,524
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	5,400				5,400
7.4	Totals (Sum of Lines 7.1 to 7.3)	5,400	0	0	0	5,400
8.	Grand Totals (Lines 6.5 + 7.4)	399,908	0	16	0	399,924
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	3,961,904		86,190		4,048,094
10.	Matured endowments					0
11.	Annuity benefits	9,437,981		4,434,204		13,872,185
12.	Surrender values and withdrawals for life contracts	58,245,497		42,315,284		100,560,781
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	5,351		6,469		11,820
15.	Totals	71,650,733	0	46,842,147	0	118,492,880
	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	924,097			3	5,141			5	929,238
17.	Incurred during current year	24	4,031,348			18	60,644			42	4,091,992
	Settled during current year:										
18.1	By payment in full	23	4,939,686			17	58,717			40	4,998,403
18.2	By payment on compromised claims									0	0
18.3	Totals paid	23	4,939,686	0	0	17	58,717	0	0	40	4,998,403
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	23	4,939,686	0	0	17	58,717	0	0	40	4,998,403
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	15,759	0	0	4	7,068	0	0	7	22,827
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,439	275,115,810		(a)	52	71,788,469			1,491	346,904,279
21.	Issued during year	1	6,571,102							1	6,571,102
22.	Other changes to in force (Net)	(68)	(17,062,151)				(1,405,253)			(68)	(18,467,404)
23.	In force December 31 of current year	1,372	264,624,761	0	(a) 0	52	70,383,216	0	0	1,424	335,007,977

(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)	1,584,368	1,788,253		1,168,731	1,195,942
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)	53	53			
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)	53	53	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,584,421	1,788,306	0	1,168,731	1,195,942

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....922 and number of persons insured under indemnity only products.....659.

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DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,565,672		383,069,171		392,634,843
2.	Annuity considerations	59,131,242				59,131,242
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	170,321,711		66,633,714		236,955,425
5.	Totals (Sum of Lines 1 to 4)	239,018,625	0	449,702,885	0	688,721,510
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	269,529		38		269,567
6.2	Applied to pay renewal premiums	376,560		7		376,567
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	527,025				527,025
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,173,114	0	45	0	1,173,159
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	90				90
7.3	Other	7,609				7,609
7.4	Totals (Sum of Lines 7.1 to 7.3)	7,699	0	0	0	7,699
8.	Grand Totals (Lines 6.5 + 7.4)	1,180,813	0	45	0	1,180,858
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,715,741		832,086		9,547,827
10.	Matured endowments	40,304				40,304
11.	Annuity benefits	46,435,159		11,314,937		57,750,096
12.	Surrender values and withdrawals for life contracts	168,940,178		72,498,058		241,438,236
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	30,849		140,236		171,085
15.	Totals	224,162,231	0	84,785,317	0	308,947,548
	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	21	368,548			4	7,029			25	375,577
17.	Incurred during current year	135	8,824,797			25	832,086			160	9,656,883
	Settled during current year:										
18.1	By payment in full	134	7,742,578			19	47,004			153	7,789,582
18.2	By payment on compromised claims									0	0
18.3	Totals paid	134	7,742,578	0	0	19	47,004	0	0	153	7,789,582
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	134	7,742,578	0	0	19	47,004	0	0	153	7,789,582
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	22	1,450,767	0	0	10	792,111	0	0	32	2,242,878
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	7,916	1,432,131,289		(a)	826	667,941,979			8,742	2,100,073,268
21.	Issued during year	10	6,254,438			848	101,441,249			858	107,695,687
22.	Other changes to in force (Net)	(397)	(94,093,876)				2,683,874,904			(397)	2,589,781,028
23.	In force December 31 of current year	7,529	1,344,291,851	0	(a) 0	1,674	3,453,258,132	0	0	9,203	4,797,549,983

(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)	9,639,771	9,985,554		6,572,319	6,607,201
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)	1,294	1,294			
25.2	Guaranteed renewable (b)	14,622	14,622		4,315	4,315
25.3	Non-renewable for stated reasons only (b)	199	199			
25.4	Other accident only					
25.5	All other (b)	87	87			
25.6	Totals (Sum of Lines 25.1 to 25.5)	16,202	16,202	0	4,315	4,315
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,655,973	10,001,756	0	6,576,634	6,611,516

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....2,951 and number of persons insured under indemnity only products.....216.

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	20,294,765		2,084,729		22,379,494
2.	Annuity considerations	13,765,469		1,581,449		15,346,918
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	105,989,959		81,843,880		187,833,839
5.	Totals (Sum of Lines 1 to 4)	140,050,193	0	85,510,058	0	225,560,251
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	490,785		204		490,989
6.2	Applied to pay renewal premiums	403,930		7		403,937
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	906,051				906,051
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,800,766	0	211	0	1,800,977
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	3,014				3,014
7.4	Totals (Sum of Lines 7.1 to 7.3)	3,014	0	0	0	3,014
8.	Grand Totals (Lines 6.5 + 7.4)	1,803,780	0	211	0	1,803,991
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,446,122		60,623		15,506,745
10.	Matured endowments	127,396				127,396
11.	Annuity benefits	17,561,167		12,469,342		30,030,509
12.	Surrender values and withdrawals for life contracts	94,533,422		71,310,052		165,843,474
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	163,020				163,020
15.	Totals	127,831,127	0	83,840,017	0	211,671,144
	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	67	1,167,513							67	1,167,513
17.	Incurred during current year	439	15,422,552			9	25,594			448	15,448,146
	Settled during current year:										
18.1	By payment in full	443	13,750,544			9	25,594			452	13,776,138
18.2	By payment on compromised claims									0	0
18.3	Totals paid	443	13,750,544	0	0	9	25,594	0	0	452	13,776,138
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	443	13,750,544	0	0	9	25,594	0	0	452	13,776,138
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	63	2,839,521	0	0	0	0	0	0	63	2,839,521
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	31,775	2,812,473,831		(a)	270	406,315,875			32,045	3,218,789,706
21.	Issued during year	27	19,468,218							27	19,468,218
22.	Other changes to in force (Net)	(1,828)	(169,510,313)			(1)	(293,143)			(1,829)	(169,803,456)
23.	In force December 31 of current year	29,974	2,662,431,736	0	(a) 0	269	406,022,732	0	0	30,243	3,068,454,468

(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)	3,527,339	3,554,972		512,102	551,452
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)				17,687	17,687
25.2	Guaranteed renewable (b)	789,101	789,101		537,990	537,990
25.3	Non-renewable for stated reasons only (b)	557	557			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	789,658	789,658	0	555,677	555,677
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,316,997	4,344,630	0	1,067,779	1,107,129

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....275 and number of persons insured under indemnity only products.....500.

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	973,039		3,325,078		4,298,117
2.	Annuity considerations	1,525,175				1,525,175
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	14,864,546		2,730,526		17,595,072
5.	Totals (Sum of Lines 1 to 4)	17,362,760	0	6,055,604	0	23,418,364
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	101,995				101,995
6.2	Applied to pay renewal premiums	91,766				91,766
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	119,870				119,870
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	313,631	0	0	0	313,631
	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)	313,631	0	0	0	313,631
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,513,728		11,602		1,525,330
10.	Matured endowments	1,133				1,133
11.	Annuity benefits	3,909,045		279,329		4,188,374
12.	Surrender values and withdrawals for life contracts	12,894,251		4,127,550		17,021,801
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	5,687				5,687
15.	Totals	18,323,844	0	4,418,481	0	22,742,325
	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	6	37,945			1	2,202			7	40,147
17.	Incurred during current year	45	1,513,728			3	11,602			48	1,525,330
	Settled during current year:										
18.1	By payment in full	47	1,546,094			4	13,804			51	1,559,898
18.2	By payment on compromised claims									0	0
18.3	Totals paid	47	1,546,094	0	0	4	13,804	0	0	51	1,559,898
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	47	1,546,094	0	0	4	13,804	0	0	51	1,559,898
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	5,579	0	0	0	0	0	0	4	5,579
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,052	176,773,710		(a)		351,546			2,052	177,125,256
21.	Issued during year		25,390							0	25,390
22.	Other changes to in force (Net)	(114)	(10,662,702)				(74,478)			(114)	(10,737,180)
23.	In force December 31 of current year	1,938	166,136,398	0	(a) 0	0	277,068	0	0	1,938	166,413,466

(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)	5,795,857	6,707,785		4,181,099	4,338,199
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)	1,234	1,234			
25.2	Guaranteed renewable (b)	13,596	13,596		8,872	8,872
25.3	Non-renewable for stated reasons only (b)	907	907			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	15,737	15,737	0	8,872	8,872
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,811,594	6,723,522	0	4,189,971	4,347,071

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....1,637 and number of persons insured under indemnity only products.....100.

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DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	19,611,739		6,886,817		26,498,556
2.	Annuity considerations	22,625,084				22,625,084
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	142,198,062		101,910,255		244,108,317
5.	Totals (Sum of Lines 1 to 4)	184,434,885	0	108,797,072	0	293,231,957
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	177,049		194		177,243
6.2	Applied to pay renewal premiums	121,392				121,392
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	323,113		36		323,149
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	621,554	0	230	0	621,784
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	28,083				28,083
7.4	Totals (Sum of Lines 7.1 to 7.3)	28,083	0	0	0	28,083
8.	Grand Totals (Lines 6.5 + 7.4)	649,637	0	230	0	649,867
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,607,983		818,225		9,426,208
10.	Matured endowments	13,492				13,492
11.	Annuity benefits	23,977,399		16,644,190		40,621,589
12.	Surrender values and withdrawals for life contracts	129,536,077		198,208,084		327,744,161
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	23,555				23,555
15.	Totals	162,158,506	0	215,670,499	0	377,829,005
	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	15	423,514			2	3,407			17	426,921
17.	Incurred during current year	154	8,574,320				3,139			154	8,577,459
	Settled during current year:										
18.1	By payment in full	153	8,397,334			(1)	5,420			152	8,402,754
18.2	By payment on compromised claims									0	0
18.3	Totals paid	153	8,397,334	0	0	(1)	5,420	0	0	152	8,402,754
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	153	8,397,334	0	0	(1)	5,420	0	0	152	8,402,754
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	600,500	0	0	3	1,126	0	0	19	601,626
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	12,220	2,851,640,372		(a)	151	157,952,329			12,371	3,009,592,701
21.	Issued during year	67	60,539,175			16	5,200,000			83	65,739,175
22.	Other changes to in force (Net)	(705)	(172,153,255)				567,496			(705)	(171,585,759)
23.	In force December 31 of current year	11,582	2,740,026,292	0	(a) 0	167	163,719,825	0	0	11,749	2,903,746,117

(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)	9,398,521	8,879,747		3,232,953	3,334,495
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)	32,423	32,423		22,683	22,683
25.3	Non-renewable for stated reasons only (b)	720	720			
25.4	Other accident only					
25.5	All other (b)	1,180	1,180			
25.6	Totals (Sum of Lines 25.1 to 25.5)	34,323	34,323	0	22,683	22,683
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,432,844	8,914,070	0	3,255,636	3,357,178

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....554 and number of persons insured under indemnity only products.....1,423.

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,556,532		23,369,539		28,926,071
2.	Annuity considerations	6,053,528				6,053,528
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	55,838,337		44,287,541		100,125,878
5.	Totals (Sum of Lines 1 to 4)	67,448,397	0	67,657,080	0	135,105,477
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	241,430				241,430
6.2	Applied to pay renewal premiums	319,774				319,774
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	323,970				323,970
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	885,174	0	0	0	885,174
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	284				284
7.3	Other	36,022				36,022
7.4	Totals (Sum of Lines 7.1 to 7.3)	36,306	0	0	0	36,306
8.	Grand Totals (Lines 6.5 + 7.4)	921,480	0	0	0	921,480
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	4,909,322		679,109		5,588,431
10.	Matured endowments					0
11.	Annuity benefits	11,346,071		11,955,981		23,302,052
12.	Surrender values and withdrawals for life contracts	70,190,865		54,214,617		124,405,482
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	873		58,296		59,169
15.	Totals	86,447,131	0	66,908,003	0	153,355,134
	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	158,645			4	4,946			18	163,591
17.	Incurred during current year	70	4,902,897			16	549,608			86	5,452,505
	Settled during current year:										
18.1	By payment in full	68	4,886,158			17	330,429			85	5,216,587
18.2	By payment on compromised claims									0	0
18.3	Totals paid	68	4,886,158	0	0	17	330,429	0	0	85	5,216,587
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	68	4,886,158	0	0	17	330,429	0	0	85	5,216,587
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	175,384	0	0	3	224,125	0	0	19	399,509
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	18,538	1,202,767,819		(a)	1,018	1,233,687,043			19,556	2,436,454,862
21.	Issued during year		4,785,920			40	58,000,000			40	62,785,920
22.	Other changes to in force (Net)	(180)	(56,805,606)			(1)	(10,918,455)			(181)	(67,724,061)
23.	In force December 31 of current year	18,358	1,150,748,133	0	(a) 0	1,057	1,280,768,588	0	0	19,415	2,431,516,721

(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)	2,719,699	3,037,548		1,237,064	1,328,658
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	16,817	16,817		36,974	36,974
25.3	Non-renewable for stated reasons only (b)	448	448			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	17,265	17,265	0	36,974	36,974
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,736,964	3,054,813	0	1,274,038	1,365,632

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....1,158 and number of persons insured under indemnity only products.....471.

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DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,364,331		12,980,824		24,345,155
2.	Annuity considerations	7,889,989				7,889,989
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	55,383,838		49,985,576		105,369,414
5.	Totals (Sum of Lines 1 to 4)	74,638,158	0	62,966,400	0	137,604,558
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	84,596				84,596
6.2	Applied to pay renewal premiums	62,678				62,678
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	178,109		7		178,116
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	325,383	0	7	0	325,390
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	15,943				15,943
7.4	Totals (Sum of Lines 7.1 to 7.3)	15,943	0	0	0	15,943
8.	Grand Totals (Lines 6.5 + 7.4)	341,326	0	7	0	341,333
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,948,609		19,078		1,967,687
10.	Matured endowments	1,000				1,000
11.	Annuity benefits	12,391,958		5,110,234		17,502,192
12.	Surrender values and withdrawals for life contracts	55,309,147		50,474,519		105,783,666
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	15,534		78,799		94,333
15.	Totals	69,666,248	0	55,682,630	0	125,348,878
	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	13	198,418			4	5,713			17	204,131
17.	Incurred during current year	40	1,987,436			12	27,986			52	2,015,422
	Settled during current year:										
18.1	By payment in full	44	2,103,746			11	26,986			55	2,130,732
18.2	By payment on compromised claims									0	0
18.3	Totals paid	44	2,103,746	0	0	11	26,986	0	0	55	2,130,732
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	44	2,103,746	0	0	11	26,986	0	0	55	2,130,732
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	82,108	0	0	5	6,713	0	0	14	88,821
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	13,445	682,862,390		(a)	230	243,880,677			13,675	926,743,067
21.	Issued during year	77	88,755,692							77	88,755,692
22.	Other changes to in force (Net)	(135)	(13,330,910)				(1,682,181)			(135)	(15,013,091)
23.	In force December 31 of current year	13,387	758,287,172	0	(a) 0	230	242,198,496	0	0	13,617	1,000,485,668

(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)	4,230,853	3,635,482		1,737,457	2,435,779
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)	6,279	6,279		13,701	13,701
25.3	Non-renewable for stated reasons only (b)	81	81			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	6,360	6,360	0	13,701	13,701
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,237,213	3,641,842	0	1,751,158	2,449,480

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....555 and number of persons insured under indemnity only products.....1,321.

DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

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

NONE

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,625,449		43,239		3,668,688
2.	Annuity considerations	2,550,402				2,550,402
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	19,096,820		3,405,240		22,502,060
5.	Totals (Sum of Lines 1 to 4)	25,272,671	0	3,448,479	0	28,721,150
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	54,788				54,788
6.2	Applied to pay renewal premiums	33,016				33,016
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	97,420				97,420
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	185,224	0	0	0	185,224
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	564				564
7.4	Totals (Sum of Lines 7.1 to 7.3)	564	0	0	0	564
8.	Grand Totals (Lines 6.5 + 7.4)	185,788	0	0	0	185,788
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	4,275,964		186,559		4,462,523
10.	Matured endowments					0
11.	Annuity benefits	4,884,934		897,422		5,782,356
12.	Surrender values and withdrawals for life contracts	13,624,617		5,543,842		19,168,459
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	34,361		60,986		95,347
15.	Totals	22,819,876	0	6,688,809	0	29,508,685
	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	5	142,467							5	142,467
17.	Incurred during current year	52	4,351,021			9	186,559			61	4,537,580
	Settled during current year:										
18.1	By payment in full	54	4,406,343			8	186,559			62	4,592,902
18.2	By payment on compromised claims									0	0
18.3	Totals paid	54	4,406,343	0	0	8	186,559	0	0	62	4,592,902
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	54	4,406,343	0	0	8	186,559	0	0	62	4,592,902
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	87,145	0	0	1	0	0	0	4	87,145
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,429	389,009,777		(a)		3,297,568			3,429	392,307,345
21.	Issued during year		431,493							0	431,493
22.	Other changes to in force (Net)	(169)	(26,759,971)				(304,218)			(169)	(27,064,189)
23.	In force December 31 of current year	3,260	362,681,299	0	(a) 0	0	2,993,350	0	0	3,260	365,674,649

(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)	518,020	438,797		209,264	221,018
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)	97,734	97,734		37,826	37,826
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)	97,734	97,734	0	37,826	37,826
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	615,754	536,531	0	247,090	258,844

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....12 and number of persons insured under indemnity only products.....572.

* 6 6 8 6 9 2 0 1 5 4 3 0 2 7 1 0 0 *

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	373,248		7,741		380,989
2.	Annuity considerations	1,631,391				1,631,391
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	7,677,812		7,050,707		14,728,519
5.	Totals (Sum of Lines 1 to 4)	9,682,451	0	7,058,448	0	16,740,899
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	13,116		10		13,126
6.2	Applied to pay renewal premiums	12,779				12,779
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	29,411				29,411
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	55,306	0	10	0	55,316
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	254				254
7.4	Totals (Sum of Lines 7.1 to 7.3)	254	0	0	0	254
8.	Grand Totals (Lines 6.5 + 7.4)	55,560	0	10	0	55,570
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	493,367				493,367
10.	Matured endowments	1,000				1,000
11.	Annuity benefits	2,282,537		1,134,662		3,417,199
12.	Surrender values and withdrawals for life contracts	8,344,486		7,072,099		15,416,585
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	5,069				5,069
15.	Totals	11,126,459	0	8,206,761	0	19,333,220
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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	4,500			1	3,000			2	7,500
17.	Incurred during current year	6	501,419							6	501,419
	Settled during current year:										
18.1	By payment in full	6	501,419							6	501,419
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	501,419	0	0	0	0	0	0	6	501,419
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	501,419	0	0	0	0	0	0	6	501,419
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,500	0	0	1	3,000	0	0	2	7,500
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	580	81,829,221		(a)	1	501,267			581	82,330,488
21.	Issued during year		115,547							0	115,547
22.	Other changes to in force (Net)	(26)	(2,607,835)				(1,329)			(26)	(2,609,164)
23.	In force December 31 of current year	554	79,336,933	0	(a) 0	1	499,938	0	0	555	79,836,871

(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)	77,108	90,758		40,015	40,415
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)	4,133	4,133		8,219	8,219
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)	4,133	4,133	0	8,219	8,219
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,241	94,891	0	48,234	48,634

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....21 and number of persons insured under indemnity only products.....40.

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	39,283,875		88,766,406		128,050,281
2.	Annuity considerations	17,020,409				17,020,409
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	134,324,188		19,812,428		154,136,616
5.	Totals (Sum of Lines 1 to 4)	190,628,472	0	108,578,834	0	299,207,306
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	740,127		4,191		744,318
6.2	Applied to pay renewal premiums	560,517				560,517
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,361,871		18		1,361,889
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,662,515	0	4,209	0	2,666,724
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	67				67
7.3	Other	8,587				8,587
7.4	Totals (Sum of Lines 7.1 to 7.3)	8,654	0	0	0	8,654
8.	Grand Totals (Lines 6.5 + 7.4)	2,671,169	0	4,209	0	2,675,378
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	27,169,043		811,267		27,980,310
10.	Matured endowments	68,435				68,435
11.	Annuity benefits	26,965,727		6,784,998		33,750,725
12.	Surrender values and withdrawals for life contracts	155,352,909		35,114,051		190,466,960
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	343,147		208,267		551,414
15.	Totals	209,899,261	0	42,918,583	0	252,817,844
	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	83	1,334,661			2	317,671			85	1,652,332
17.	Incurred during current year	705	27,422,129			9	521,091			714	27,943,220
	Settled during current year:										
18.1	By payment in full	701	24,479,185			8	838,762			709	25,317,947
18.2	By payment on compromised claims									0	0
18.3	Totals paid	701	24,479,185	0	0	8	838,762	0	0	709	25,317,947
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	701	24,479,185	0	0	8	838,762	0	0	709	25,317,947
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	87	4,277,605	0	0	3	0	0	0	90	4,277,605
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	49,746	5,636,275,418		(a)	912	1,183,940,010			50,658	6,820,215,428
21.	Issued during year	17	19,509,141			152	60,899,489			169	80,408,630
22.	Other changes to in force (Net)	(2,732)	(357,652,349)			(1)	(23,864,462)			(2,733)	(381,516,811)
23.	In force December 31 of current year	47,031	5,298,132,210	0	(a) 0	1,063	1,220,975,037	0	0	48,094	6,519,107,247

(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)	6,514,583	6,601,832		2,685,806	2,808,942
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	89	89			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	37,227	37,227		110,910	110,910
25.2	Guaranteed renewable (b)	959,670	959,670		930,378	930,378
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)	996,897	996,897	0	1,041,288	1,041,288
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,511,569	7,598,818	0	3,727,094	3,850,230

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....104 and number of persons insured under indemnity only products.....1,987.

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	23,941,499		9,984		23,951,483
2.	Annuity considerations	267,613				267,613
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	3,928,037		12,720,267		16,648,304
5.	Totals (Sum of Lines 1 to 4)	28,137,149	0	12,730,251	0	40,867,400
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,591				1,591
6.2	Applied to pay renewal premiums	5,996				5,996
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,210				8,210
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	15,797	0	0	0	15,797
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	806				806
7.4	Totals (Sum of Lines 7.1 to 7.3)	806	0	0	0	806
8.	Grand Totals (Lines 6.5 + 7.4)	16,603	0	0	0	16,603
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,491,359		4,427		1,495,786
10.	Matured endowments					0
11.	Annuity benefits	380,842		1,459,353		1,840,195
12.	Surrender values and withdrawals for life contracts	1,913,751		6,349,189		8,262,940
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	3,785,952	0	7,812,969	0	11,598,921
	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	1,491,359			1	4,427			6	1,495,786
	Settled during current year:										
18.1	By payment in full	3	1,037,641			1	4,427			4	1,042,068
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	1,037,641	0	0	1	4,427	0	0	4	1,042,068
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	1,037,641	0	0	1	4,427	0	0	4	1,042,068
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	453,718	0	0	0	0	0	0	2	453,718
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,658	994,639,115		(a)	19	18,872,291			1,677	1,013,511,406
21.	Issued during year	347	178,069,346							347	178,069,346
22.	Other changes to in force (Net)	(26)	(9,823,401)				(4,427)			(26)	(9,827,828)
23.	In force December 31 of current year	1,979	1,162,885,060	0	(a) 0	19	18,867,864	0	0	1,998	1,181,752,924

(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)	113,587	101,913		207,657	212,885
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)	113,587	101,913	0	207,657	212,885

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....12 and number of persons insured under indemnity only products.....34.

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DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,061,157		9,298		1,070,455
2.	Annuity considerations	1,759,459				1,759,459
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	21,584,783		17,002,873		38,587,656
5.	Totals (Sum of Lines 1 to 4)	24,405,399	0	17,012,171	0	41,417,570
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	25,071		20		25,091
6.2	Applied to pay renewal premiums	17,120				17,120
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	58,521				58,521
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	100,712	0	20	0	100,732
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	1,139				1,139
7.4	Totals (Sum of Lines 7.1 to 7.3)	1,139	0	0	0	1,139
8.	Grand Totals (Lines 6.5 + 7.4)	101,851	0	20	0	101,871
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	410,009		9,622		419,631
10.	Matured endowments	2,088				2,088
11.	Annuity benefits	3,135,050		1,678,571		4,813,621
12.	Surrender values and withdrawals for life contracts	20,182,229		15,398,081		35,580,310
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	3		1,397		1,400
15.	Totals	23,729,379	0	17,087,671	0	40,817,050
	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	1,441							2	1,441
17.	Incurred during current year	11	413,455			4	9,622			15	423,077
	Settled during current year:										
18.1	By payment in full	8	286,319			4	9,622			12	295,941
18.2	By payment on compromised claims									0	0
18.3	Totals paid	8	286,319	0	0	4	9,622	0	0	12	295,941
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	8	286,319	0	0	4	9,622	0	0	12	295,941
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	128,577	0	0	0	0	0	0	5	128,577
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	818	133,975,673		(a)		101,432			818	134,077,105
21.	Issued during year	23	9,235,028							23	9,235,028
22.	Other changes to in force (Net)	(46)	(5,777,838)				(17,952)			(46)	(5,795,790)
23.	In force December 31 of current year	795	137,432,863	0	(a) 0	0	83,480	0	0	795	137,516,343

(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)	5,665,145	5,620,015		3,029,873	3,055,579
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)	69	69			
25.3	Non-renewable for stated reasons only (b)	347	347			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	416	416	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,665,561	5,620,431	0	3,029,873	3,055,579

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....229 and number of persons insured under indemnity only products.....706.

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DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,177,147		26,291		2,203,438
2.	Annuity considerations	7,117,807				7,117,807
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	33,661,971		3,353,139		37,015,110
5.	Totals (Sum of Lines 1 to 4)	42,956,925	0	3,379,430	0	46,336,355
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	78,556		5		78,561
6.2	Applied to pay renewal premiums	80,664				80,664
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	111,896				111,896
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	271,116	0	5	0	271,121
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	1,034				1,034
7.4	Totals (Sum of Lines 7.1 to 7.3)	1,034	0	0	0	1,034
8.	Grand Totals (Lines 6.5 + 7.4)	272,150	0	5	0	272,155
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	883,714		13,473		897,187
10.	Matured endowments	14,150				14,150
11.	Annuity benefits	3,968,761		1,843,264		5,812,025
12.	Surrender values and withdrawals for life contracts	20,917,286		4,841,399		25,758,685
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	4,599		14,099		18,698
15.	Totals	25,788,510	0	6,712,235	0	32,500,745
	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	41,796							4	41,796
17.	Incurred during current year	29	895,643			4	13,473			33	909,116
	Settled during current year:										
18.1	By payment in full	29	910,438			4	13,473			33	923,911
18.2	By payment on compromised claims									0	0
18.3	Totals paid	29	910,438	0	0	4	13,473	0	0	33	923,911
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	29	910,438	0	0	4	13,473	0	0	33	923,911
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	27,001	0	0	0	0	0	0	4	27,001
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,088	417,913,969		(a)	3	1,416,097			3,091	419,330,066
21.	Issued during year	2	7,168,235							2	7,168,235
22.	Other changes to in force (Net)	(147)	(16,536,628)				(37,612)			(147)	(16,574,240)
23.	In force December 31 of current year	2,943	408,545,576	0	(a) 0	3	1,378,485	0	0	2,946	409,924,061

(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)	4,062,386	4,024,641		2,983,801	3,091,197
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)	5,700	5,700		5,405	5,405
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)	5,700	5,700	0	5,405	5,405
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,068,086	4,030,341	0	2,989,206	3,096,602

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....168 and number of persons insured under indemnity only products.....6.

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	28,665,750		23,445,442		52,111,192
2.	Annuity considerations	27,414,872		29,251		27,444,123
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	214,041,597		104,191,659		318,233,256
5.	Totals (Sum of Lines 1 to 4)	270,122,219	0	127,666,352	0	397,788,571
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	902,697		(165)		902,532
6.2	Applied to pay renewal premiums	1,142,878				1,142,878
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,465,725		2,135		1,467,860
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,511,300	0	1,970	0	3,513,270
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	152				152
7.3	Other	9,635				9,635
7.4	Totals (Sum of Lines 7.1 to 7.3)	9,787	0	0	0	9,787
8.	Grand Totals (Lines 6.5 + 7.4)	3,521,087	0	1,970	0	3,523,057
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	35,245,209		(105,049)		35,140,160
10.	Matured endowments	59,911				59,911
11.	Annuity benefits	28,578,425		19,451,091		48,029,516
12.	Surrender values and withdrawals for life contracts	166,245,309		111,683,581		277,928,890
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	135,134		79,585		214,719
15.	Totals	230,263,988	0	131,109,208	0	361,373,196
	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	42	2,468,771			4	612,467			46	3,081,238
17.	Incurred during current year	330	35,287,025			42	(179,548)			372	35,107,477
	Settled during current year:										
18.1	By payment in full	333	36,204,628			42	427,849			375	36,632,477
18.2	By payment on compromised claims									0	0
18.3	Totals paid	333	36,204,628	0	0	42	427,849	0	0	375	36,632,477
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	333	36,204,628	0	0	42	427,849	0	0	375	36,632,477
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	39	1,551,168	0	0	4	5,070	0	0	43	1,556,238
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	28,847	4,621,338,235		(a)	307	310,724,294			29,154	4,932,062,529
21.	Issued during year	52	60,084,785			107	61,167,859			159	121,252,644
22.	Other changes to in force (Net)	(1,358)	(286,262,625)			(1)	(2,795,935)			(1,359)	(289,058,560)
23.	In force December 31 of current year	27,541	4,395,160,395	0	(a) 0	413	369,096,218	0	0	27,954	4,764,256,613

(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)	16,244,323	16,413,725		9,427,777	9,561,327
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)	276	276		2,800	2,800
25.2	Guaranteed renewable (b)	28,228	28,228		59,053	59,053
25.3	Non-renewable for stated reasons only (b)	215	215			
25.4	Other accident only					
25.5	All other (b)	(761)	(761)			
25.6	Totals (Sum of Lines 25.1 to 25.5)	27,958	27,958	0	61,853	61,853
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,272,281	16,441,683	0	9,489,630	9,623,180

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....2,533 and number of persons insured under indemnity only products.....1,166.

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DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	546,870		15,211		562,081
2.	Annuity considerations	4,695,739				4,695,739
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	14,072,370		6,989,553		21,061,923
5.	Totals (Sum of Lines 1 to 4)	19,314,979	0	7,004,764	0	26,319,743
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	34,153		46		34,199
6.2	Applied to pay renewal premiums	27,404				27,404
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	44,734		40		44,774
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	106,291	0	86	0	106,377
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	136				136
7.4	Totals (Sum of Lines 7.1 to 7.3)	136	0	0	0	136
8.	Grand Totals (Lines 6.5 + 7.4)	106,427	0	86	0	106,513
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	145,800		11,399		157,199
10.	Matured endowments	1,192				1,192
11.	Annuity benefits	3,817,557		810,847		4,628,404
12.	Surrender values and withdrawals for life contracts	27,411,238		11,539,229		38,950,467
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	4,518		54,385		58,903
15.	Totals	31,380,305	0	12,415,860	0	43,796,165
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	25,655			1	823			8	26,478
17.	Incurred during current year	13	168,446			6	11,399			19	179,845
	Settled during current year:										
18.1	By payment in full	18	183,709			7	12,222			25	195,931
18.2	By payment on compromised claims									0	0
18.3	Totals paid	18	183,709	0	0	7	12,222	0	0	25	195,931
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	18	183,709	0	0	7	12,222	0	0	25	195,931
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,392	0	0	0	0	0	0	2	10,392
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	952	108,918,067		(a)		871,702			952	109,789,769
21.	Issued during year		44,115							0	44,115
22.	Other changes to in force (Net)	(71)	(6,757,835)				(39,843)			(71)	(6,797,678)
23.	In force December 31 of current year	881	102,204,347	0	(a) 0	0	831,859	0	0	881	103,036,206

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

ACCIDENT AND HEALTH INSURANCE

		1 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)	480,157	446,965		142,693	188,993
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)	95	95			
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)	95	95	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	480,252	447,060	0	142,693	188,993

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....51 and number of persons insured under indemnity only products.....363.

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DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,022,935		21,423		1,044,358
2.	Annuity considerations	2,373,838				2,373,838
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	40,408,994		7,861,651		48,270,645
5.	Totals (Sum of Lines 1 to 4)	43,805,767	0	7,883,074	0	51,688,841
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	53,388				53,388
6.2	Applied to pay renewal premiums	36,741				36,741
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	49,680				49,680
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	139,809	0	0	0	139,809
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	1,086				1,086
7.4	Totals (Sum of Lines 7.1 to 7.3)	1,086	0	0	0	1,086
8.	Grand Totals (Lines 6.5 + 7.4)	140,895	0	0	0	140,895
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,125,089		7,064		10,132,153
10.	Matured endowments					0
11.	Annuity benefits	4,450,213		221,926		4,672,139
12.	Surrender values and withdrawals for life contracts	28,849,466		6,362,740		35,212,206
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	1,564				1,564
15.	Totals	43,426,332	0	6,591,730	0	50,018,062
	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	6,306			1	674			4	6,980
17.	Incurred during current year	20	10,119,314			2	7,064			22	10,126,378
	Settled during current year:										
18.1	By payment in full	19	10,091,910			2	7,064			21	10,098,974
18.2	By payment on compromised claims									0	0
18.3	Totals paid	19	10,091,910	0	0	2	7,064	0	0	21	10,098,974
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	19	10,091,910	0	0	2	7,064	0	0	21	10,098,974
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	33,710	0	0	1	674	0	0	5	34,384
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,318	368,926,190		(a)	1	413,016			1,319	369,339,206
21.	Issued during year	3	1,094,158							3	1,094,158
22.	Other changes to in force (Net)	(85)	(57,616,909)				(3,390)			(85)	(57,620,299)
23.	In force December 31 of current year	1,236	312,403,439	0	(a) 0	1	409,626	0	0	1,237	312,813,065

(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)	1,634,371	1,660,781		868,366	879,101
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)	1,856	1,856		158	158
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)	1,856	1,856	0	158	158
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,636,227	1,662,637	0	868,524	879,259

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....210 and number of persons insured under indemnity only products.....364.

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	139,392,381		26,357,408		165,749,789
2.	Annuity considerations	68,776,903				68,776,903
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	785,521,583		159,557,015		945,078,598
5.	Totals (Sum of Lines 1 to 4)	993,690,867	0	185,914,423	0	1,179,605,290
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,357,828		193		1,358,021
6.2	Applied to pay renewal premiums	1,443,142		22		1,443,164
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,171,494		16		3,171,510
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,972,464	0	231	0	5,972,695
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	1,123				1,123
7.4	Totals (Sum of Lines 7.1 to 7.3)	1,123	0	0	0	1,123
8.	Grand Totals (Lines 6.5 + 7.4)	5,973,587	0	231	0	5,973,818
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	37,330,212		4,223,137		41,553,349
10.	Matured endowments	69,672				69,672
11.	Annuity benefits	102,802,806		57,110,375		159,913,181
12.	Surrender values and withdrawals for life contracts	646,265,102		323,475,946		969,741,048
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	556,424		30,486		586,910
15.	Totals	787,024,216	0	384,839,944	0	1,171,864,160
	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	175	3,025,262			28	436,011			203	3,461,273
17.	Incurred during current year	808	37,234,426			54	4,223,136			862	41,457,562
	Settled during current year:										
18.1	By payment in full	825	34,262,139			55	4,026,122			880	38,288,261
18.2	By payment on compromised claims									0	0
18.3	Totals paid	825	34,262,139	0	0	55	4,026,122	0	0	880	38,288,261
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	825	34,262,139	0	0	55	4,026,122	0	0	880	38,288,261
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	158	5,997,549	0	0	27	633,025	0	0	185	6,630,574
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	79,629	14,803,136,250		(a)	1,682	826,195,705			81,311	15,629,331,955
21.	Issued during year	3,622	1,402,588,456							3,622	1,402,588,456
22.	Other changes to in force (Net)	(5,033)	(875,110,263)			(75)	(26,293,427)			(5,108)	(901,403,690)
23.	In force December 31 of current year	78,218	15,330,614,443	0	(a) 0	1,607	799,902,278	0	0	79,825	16,130,516,721

(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)	19,481,391	21,796,926		19,438,386	19,827,386
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)	814,571	814,571		2,736,184	2,736,189
25.2	Guaranteed renewable (b)	295,992	295,992		370,346	371,296
25.3	Non-renewable for stated reasons only (b)	23,705	23,705			
25.4	Other accident only					
25.5	All other (b)	1,487	1,487			
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,135,755	1,135,755	0	3,106,530	3,107,485
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,617,146	22,932,681	0	22,544,916	22,934,871

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....8,284 and number of persons insured under indemnity only products.....1,143.

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	32,318,695		25,212,585		57,531,280
2.	Annuity considerations	31,786,613		102,792		31,889,405
3.	Deposit-type contract funds	548,334,800	XXX		XXX	548,334,800
4.	Other considerations	343,769,572		245,670,195		589,439,767
5.	Totals (Sum of Lines 1 to 4)	956,209,680	0	270,985,572	0	1,227,195,252
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	974,176		5,551		979,727
6.2	Applied to pay renewal premiums	586,517				586,517
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,704,458				1,704,458
6.4	Other	(4,963,164)		(327)		(4,963,491)
6.5	Totals (Sum of Lines 6.1 to 6.4)	(1,698,013)	0	5,224	0	(1,692,789)
	Annuities:					
7.1	Paid in cash or left on deposit	6,605				6,605
7.2	Applied to provide paid-up annuities	106				106
7.3	Other	4,425				4,425
7.4	Totals (Sum of Lines 7.1 to 7.3)	11,136	0	0	0	11,136
8.	Grand Totals (Lines 6.5 + 7.4)	(1,686,877)	0	5,224	0	(1,681,653)
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	35,299,497		15,846,500		51,145,997
10.	Matured endowments	229,426				229,426
11.	Annuity benefits	52,397,794		113,990,120		166,387,914
12.	Surrender values and withdrawals for life contracts	201,840,618		286,986,214		488,826,832
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	217,425		856,499		1,073,924
15.	Totals	289,984,760	0	417,679,333	0	707,664,093
	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	166	10,497,702			3	4,509			169	10,502,211
17.	Incurred during current year	1,414	35,034,448				12,511			1,414	35,046,959
	Settled during current year:										
18.1	By payment in full	1,402	34,179,066			3	17,020			1,405	34,196,086
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,402	34,179,066	0	0	3	17,020	0	0	1,405	34,196,086
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1,402	34,179,066	0	0	3	17,020	0	0	1,405	34,196,086
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	178	11,353,084	0	0	0	0	0	0	178	11,353,084
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	83,998	8,607,350,256		(a)	480	706,270,963			84,478	9,313,621,219
21.	Issued during year	15	25,233,621							15	25,233,621
22.	Other changes to in force (Net)	(4,727)	(364,451,376)				(5,998,429)			(4,727)	(370,449,805)
23.	In force December 31 of current year	79,286	8,268,132,501	0	(a) 0	480	700,272,534	0	0	79,766	8,968,405,035

(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)	28,490,453	27,735,525		18,957,583	17,402,229
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)		(30)			(71)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	340	300			(6,637)
25.2	Guaranteed renewable (b)	1,580,712	1,801,280		1,187,864	1,010,334
25.3	Non-renewable for stated reasons only (b)					(51,064)
25.4	Other accident only					
25.5	All other (b)	2,483	2,483			(147)
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,583,535	1,804,063	0	1,187,864	952,486
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,073,988	29,539,558	0	20,145,447	18,354,644

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....499 and number of persons insured under indemnity only products.....2,454.

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DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,645,368		56,153		4,701,521
2.	Annuity considerations	4,826,109				4,826,109
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	33,272,215		43,912,696		77,184,911
5.	Totals (Sum of Lines 1 to 4)	42,743,692	0	43,968,849	0	86,712,541
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	40,094				40,094
6.2	Applied to pay renewal premiums	36,155				36,155
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	99,743				99,743
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	175,992	0	0	0	175,992
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	2,047				2,047
7.4	Totals (Sum of Lines 7.1 to 7.3)	2,047	0	0	0	2,047
8.	Grand Totals (Lines 6.5 + 7.4)	178,039	0	0	0	178,039
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,081,409		143,814		1,225,223
10.	Matured endowments	40,387				40,387
11.	Annuity benefits	5,952,214		4,949,816		10,902,030
12.	Surrender values and withdrawals for life contracts	30,009,082		94,209,070		124,218,152
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	8,344				8,344
15.	Totals	37,091,436	0	99,302,700	0	136,394,136
	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	6	28,997			4	1,274			10	30,271
17.	Incurred during current year	21	1,048,664			15	143,814			36	1,192,478
	Settled during current year:										
18.1	By payment in full	24	1,065,604			17	144,639			41	1,210,243
18.2	By payment on compromised claims									0	0
18.3	Totals paid	24	1,065,604	0	0	17	144,639	0	0	41	1,210,243
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	24	1,065,604	0	0	17	144,639	0	0	41	1,210,243
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	12,057	0	0	2	449	0	0	5	12,506
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,292	166,703,378		(a)	1	2,259,526			1,293	168,962,904
21.	Issued during year		405,864							0	405,864
22.	Other changes to in force (Net)	(62)	(5,597,273)				(257,600)			(62)	(5,854,873)
23.	In force December 31 of current year	1,230	161,511,969	0	(a) 0	1	2,001,926	0	0	1,231	163,513,895

(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)	1,573,460	1,675,286		2,499,523	2,552,163
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	110	110			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,902	5,902		10,871	10,871
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)	5,902	5,902	0	10,871	10,871
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,579,472	1,681,298	0	2,510,394	2,563,034

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....29 and number of persons insured under indemnity only products.....614.

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DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,701,361		11,812		2,713,173
2.	Annuity considerations	8,756,332				8,756,332
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	50,720,982		30,875,418		81,596,400
5.	Totals (Sum of Lines 1 to 4)	62,178,675	0	30,887,230	0	93,065,905
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	114,453		25		114,478
6.2	Applied to pay renewal premiums	120,702		13		120,715
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	111,454				111,454
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	346,609	0	38	0	346,647
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	39				39
7.3	Other	5,745				5,745
7.4	Totals (Sum of Lines 7.1 to 7.3)	5,784	0	0	0	5,784
8.	Grand Totals (Lines 6.5 + 7.4)	352,393	0	38	0	352,431
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,178,805		16,454		1,195,259
10.	Matured endowments	2,084				2,084
11.	Annuity benefits	10,525,118		3,508,303		14,033,421
12.	Surrender values and withdrawals for life contracts	56,563,717		43,883,649		100,447,366
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	28,677				28,677
15.	Totals	68,298,401	0	47,408,406	0	115,706,807
	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	13,876							2	13,876
17.	Incurred during current year	46	1,012,092			2	3,954			48	1,016,046
	Settled during current year:										
18.1	By payment in full	38	861,960			1	1,554			39	863,514
18.2	By payment on compromised claims									0	0
18.3	Totals paid	38	861,960	0	0	1	1,554	0	0	39	863,514
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	38	861,960	0	0	1	1,554	0	0	39	863,514
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	164,008	0	0	1	2,400	0	0	11	166,408
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,145	277,379,838		(a)	36	48,084,228			2,181	325,464,066
21.	Issued during year	6	7,553,749							6	7,553,749
22.	Other changes to in force (Net)	(97)	(14,101,141)				(53,586)			(97)	(14,154,727)
23.	In force December 31 of current year	2,054	270,832,446	0	(a) 0	36	48,030,642	0	0	2,090	318,863,088

(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)	1,276,856	1,331,185		917,843	922,947
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	568	568			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,371	4,371		1,865	1,865
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)	4,371	4,371	0	1,865	1,865
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,281,795	1,336,124	0	919,708	924,812

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....340 and number of persons insured under indemnity only products.....179.

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	828,636		2,724		831,360
2.	Annuity considerations	45,311				45,311
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	457,483		30,880		488,363
5.	Totals (Sum of Lines 1 to 4)	1,331,430	0	33,604	0	1,365,034
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	49,871				49,871
6.2	Applied to pay renewal premiums	66,940				66,940
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	102,375				102,375
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	219,186	0	0	0	219,186
	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)	219,186	0	0	0	219,186
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	373,488				373,488
10.	Matured endowments	18,758				18,758
11.	Annuity benefits	363,381		3,841		367,222
12.	Surrender values and withdrawals for life contracts	2,799,819		192		2,800,011
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	12,673				12,673
15.	Totals	3,568,119	0	4,033	0	3,572,152
	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	6	413,293							6	413,293
17.	Incurred during current year	22	218,888							22	218,888
	Settled during current year:										
18.1	By payment in full	24	214,923							24	214,923
18.2	By payment on compromised claims									0	0
18.3	Totals paid	24	214,923	0	0	0	0	0	0	24	214,923
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	24	214,923	0	0	0	0	0	0	24	214,923
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	417,258	0	0	0	0	0	0	4	417,258
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	385	71,652,311		(a)	2	2,336,351			387	73,988,662
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(13)	(890,043)				(46,011)			(13)	(936,054)
23.	In force December 31 of current year	372	70,762,268	0	(a) 0	2	2,290,340	0	0	374	73,052,608

(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)	1,333	1,333			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,333	1,333	0	0	0

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	55,362,532		6,766,649		62,129,181
2.	Annuity considerations	56,786,463				56,786,463
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	384,098,154		50,885,033		434,983,187
5.	Totals (Sum of Lines 1 to 4)	496,247,149	0	57,651,682	0	553,898,831
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,063,135		86		2,063,221
6.2	Applied to pay renewal premiums	1,774,421		7		1,774,428
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,615,573		23		3,615,596
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	7,453,129	0	116	0	7,453,245
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	96				96
7.3	Other	20,243				20,243
7.4	Totals (Sum of Lines 7.1 to 7.3)	20,339	0	0	0	20,339
8.	Grand Totals (Lines 6.5 + 7.4)	7,473,468	0	116	0	7,473,584
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	46,893,936		2,791,118		49,685,054
10.	Matured endowments	269,092				269,092
11.	Annuity benefits	65,304,183		14,125,879		79,430,062
12.	Surrender values and withdrawals for life contracts	319,206,542		77,722,248		396,928,790
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	674,674		215,212		889,886
15.	Totals	432,348,427	0	94,854,457	0	527,202,884
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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	204	9,261,152			17	44,977			221	9,306,129
17.	Incurred during current year	1,585	45,779,783			71	1,236,617			1,656	47,016,400
	Settled during current year:										
18.1	By payment in full	1,568	46,191,345			74	1,253,178			1,642	47,444,523
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,568	46,191,345	0	0	74	1,253,178	0	0	1,642	47,444,523
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1,568	46,191,345	0	0	74	1,253,178	0	0	1,642	47,444,523
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	221	8,849,590	0	0	14	28,416	0	0	235	8,878,006
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	104,629	8,610,465,311		(a)	499	559,487,226			105,128	9,169,952,537
21.	Issued during year	73	78,646,674							73	78,646,674
22.	Other changes to in force (Net)	(5,602)	(520,450,445)			(1)	(2,924,454)			(5,603)	(523,374,899)
23.	In force December 31 of current year	99,100	8,168,661,540	0	(a) 0	498	556,562,772	0	0	99,598	8,725,224,312

(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)	14,952,987	14,979,982		6,105,087	6,564,529
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)				34,649	34,649
25.2	Guaranteed renewable (b)	1,009,272	1,009,272		744,846	744,846
25.3	Non-renewable for stated reasons only (b)	2,064	2,064		2,213	2,213
25.4	Other accident only					
25.5	All other (b)	408	408			
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,011,744	1,011,744	0	781,708	781,708
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,964,731	15,991,726	0	6,886,795	7,346,237

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....1,889 and number of persons insured under indemnity only products.....2,784.

* 6 6 8 6 9 2 0 1 5 4 3 0 5 4 1 0 0 *

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	347,161		62		347,223
2.	Annuity considerations	2,504,232				2,504,232
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	35,985,110		2,711,150		38,696,260
5.	Totals (Sum of Lines 1 to 4)	38,836,503	0	2,711,212	0	41,547,715
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,454				5,454
6.2	Applied to pay renewal premiums	1,260				1,260
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,289				3,289
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	10,003	0	0	0	10,003
	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)	10,003	0	0	0	10,003
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	1,335,312		284,537		1,619,849
12.	Surrender values and withdrawals for life contracts	23,270,228		2,566,243		25,836,471
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	113				113
15.	Totals	24,605,653	0	2,850,780	0	27,456,433
	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	291							1	291
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)	1	291	0	0	0	0	0	0	1	291
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	110	45,762,782		(a)					110	45,762,782
21.	Issued during year		12,210							0	12,210
22.	Other changes to in force (Net)	(2)	(5,201,779)							(2)	(5,201,779)
23.	In force December 31 of current year	108	40,573,213	0	(a) 0	0	0	0	0	108	40,573,213

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1.

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,707,678		5,939,259		9,646,937
2.	Annuity considerations	3,236,794				3,236,794
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	17,763,609		3,975,766		21,739,375
5.	Totals (Sum of Lines 1 to 4)	24,708,081	0	9,915,025	0	34,623,106
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	163,919				163,919
6.2	Applied to pay renewal premiums	141,875				141,875
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	255,447				255,447
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	561,241	0	0	0	561,241
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	748				748
7.4	Totals (Sum of Lines 7.1 to 7.3)	748	0	0	0	748
8.	Grand Totals (Lines 6.5 + 7.4)	561,989	0	0	0	561,989
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,382,061		13,734		1,395,795
10.	Matured endowments	5,500				5,500
11.	Annuity benefits	3,731,770		1,037,599		4,769,369
12.	Surrender values and withdrawals for life contracts	29,003,109		12,573,524		41,576,633
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	54,752		13,162		67,914
15.	Totals	34,177,192	0	13,638,019	0	47,815,211
	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	7	51,364							7	51,364
17.	Incurred during current year	68	1,387,644			6	13,734			74	1,401,378
	Settled during current year:										
18.1	By payment in full	61	1,258,767			6	13,734			67	1,272,501
18.2	By payment on compromised claims									0	0
18.3	Totals paid	61	1,258,767	0	0	6	13,734	0	0	67	1,272,501
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	61	1,258,767	0	0	6	13,734	0	0	67	1,272,501
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	180,241	0	0	0	0	0	0	14	180,241
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6,056	612,718,228		(a)	4	1,461,996			6,060	614,180,224
21.	Issued during year		74,633							0	74,633
22.	Other changes to in force (Net)	(291)	(31,554,013)			1	240,093			(290)	(31,313,920)
23.	In force December 31 of current year	5,765	581,238,848	0	(a) 0	5	1,702,089	0	0	5,770	582,940,937

(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)	5,971,365	8,387,210		8,692,771	6,923,859
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)	8,545	8,545			
25.2	Guaranteed renewable (b)	43,689	43,689		60,816	60,816
25.3	Non-renewable for stated reasons only (b)	114	114			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	52,348	52,348	0	60,816	60,816
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,023,713	8,439,558	0	8,753,587	6,984,675

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....31 and number of persons insured under indemnity only products.....71.

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,494,256		3,959,527		11,453,783
2.	Annuity considerations	5,008,872				5,008,872
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	68,593,269		8,035,163		76,628,432
5.	Totals (Sum of Lines 1 to 4)	81,096,397	0	11,994,690	0	93,091,087
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	207,848		608		208,456
6.2	Applied to pay renewal premiums	137,647				137,647
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	377,150				377,150
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	722,645	0	608	0	723,253
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	4,145				4,145
7.4	Totals (Sum of Lines 7.1 to 7.3)	4,145	0	0	0	4,145
8.	Grand Totals (Lines 6.5 + 7.4)	726,790	0	608	0	727,398
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,295,362		169,310		5,464,672
10.	Matured endowments	11,228				11,228
11.	Annuity benefits	7,424,784		1,643,161		9,067,945
12.	Surrender values and withdrawals for life contracts	52,898,239		12,902,302		65,800,541
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	145,159				145,159
15.	Totals	65,774,772	0	14,714,773	0	80,489,545
	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	29	517,239							29	517,239
17.	Incurred during current year	183	5,295,363			3	106,603			186	5,401,966
	Settled during current year:										
18.1	By payment in full	189	5,462,319			3	106,603			192	5,568,922
18.2	By payment on compromised claims									0	0
18.3	Totals paid	189	5,462,319	0	0	3	106,603	0	0	192	5,568,922
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	189	5,462,319	0	0	3	106,603	0	0	192	5,568,922
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	23	350,283	0	0	0	0	0	0	23	350,283
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	12,597	1,103,309,307		(a)	17	13,892,017			12,614	1,117,201,324
21.	Issued during year	5	6,593,518							5	6,593,518
22.	Other changes to in force (Net)	(527)	(46,123,015)			1	(1,006,970)			(526)	(47,129,985)
23.	In force December 31 of current year	12,075	1,063,779,810	0	(a) 0	18	12,885,047	0	0	12,093	1,076,664,857

(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)	1,813,950	1,998,542		1,258,439	1,251,578
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	275,261	275,261		200,023	200,023
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	275,261	275,261	0	200,023	200,023
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,089,211	2,273,803	0	1,458,462	1,451,601

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....1,023 and number of persons insured under indemnity only products.....1,254.

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	852,626		3,280		855,906
2.	Annuity considerations	563,464				563,464
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	7,358,851		1,082,488		8,441,339
5.	Totals (Sum of Lines 1 to 4)	8,774,941	0	1,085,768	0	9,860,709
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	6,651				6,651
6.2	Applied to pay renewal premiums	6,023				6,023
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,195				15,195
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	27,869	0	0	0	27,869
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	496				496
7.4	Totals (Sum of Lines 7.1 to 7.3)	496	0	0	0	496
8.	Grand Totals (Lines 6.5 + 7.4)	28,365	0	0	0	28,365
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	439,030				439,030
10.	Matured endowments					0
11.	Annuity benefits	1,965,211		329,252		2,294,463
12.	Surrender values and withdrawals for life contracts	11,139,086		2,549,902		13,688,988
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	4				4
15.	Totals	13,543,331	0	2,879,154	0	16,422,485
	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	24,128							1	24,128
17.	Incurred during current year	2	439,030							2	439,030
	Settled during current year:										
18.1	By payment in full	3	463,158							3	463,158
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	463,158	0	0	0	0	0	0	3	463,158
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	463,158	0	0	0	0	0	0	3	463,158
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	543	138,421,875		(a)	2	291,892			545	138,713,767
21.	Issued during year	12	5,340,366							12	5,340,366
22.	Other changes to in force (Net)	(14)	(2,902,643)				279			(14)	(2,902,364)
23.	In force December 31 of current year	541	140,859,598	0	(a) 0	2	292,171	0	0	543	141,151,769

(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)	993,567	1,010,351		934,742	934,642
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)	9	9			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9	9	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	993,576	1,010,360	0	934,742	934,642

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....103 and number of persons insured under indemnity only products.....77.

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,252,293		4,857,021		12,109,314
2.	Annuity considerations	7,735,213				7,735,213
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	91,096,136		54,428,251		145,524,387
5.	Totals (Sum of Lines 1 to 4)	106,083,642	0	59,285,272	0	165,368,914
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	214,260		28		214,288
6.2	Applied to pay renewal premiums	270,157		32		270,189
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	463,481				463,481
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	947,898	0	60	0	947,958
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	6,383				6,383
7.4	Totals (Sum of Lines 7.1 to 7.3)	6,383	0	0	0	6,383
8.	Grand Totals (Lines 6.5 + 7.4)	954,281	0	60	0	954,341
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,697,945		172,884		7,870,829
10.	Matured endowments	16,180				16,180
11.	Annuity benefits	15,725,986		8,156,922		23,882,908
12.	Surrender values and withdrawals for life contracts	85,622,368		134,880,862		220,503,230
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	84,225		20,692		104,917
15.	Totals	109,146,704	0	143,231,360	0	252,378,064
	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	22	787,120			1	5,059			23	792,179
17.	Incurred during current year	162	7,741,499			8	24,134			170	7,765,633
	Settled during current year:										
18.1	By payment in full	155	7,656,797			8	26,693			163	7,683,490
18.2	By payment on compromised claims									0	0
18.3	Totals paid	155	7,656,797	0	0	8	26,693	0	0	163	7,683,490
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	155	7,656,797	0	0	8	26,693	0	0	163	7,683,490
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	29	871,822	0	0	1	2,500	0	0	30	874,322
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	10,323	1,088,914,090		(a)	291	244,626,660			10,614	1,333,540,750
21.	Issued during year	19	12,508,421							19	12,508,421
22.	Other changes to in force (Net)	(584)	(57,519,717)				(13,672,572)			(584)	(71,192,289)
23.	In force December 31 of current year	9,758	1,043,902,794	0	(a) 0	291	230,954,088	0	0	10,049	1,274,856,882

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

ACCIDENT AND HEALTH INSURANCE

		1 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)	1,655,579	1,522,524		868,863	869,587
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)	158,805	158,805		101,065	101,065
25.3	Non-renewable for stated reasons only (b)	269	269			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	159,074	159,074	0	101,065	101,065
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,814,653	1,681,598	0	969,928	970,652

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....183 and number of persons insured under indemnity only products.....2,380.

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	29,714,202		24,472,227		54,186,429
2.	Annuity considerations	29,622,467				29,622,467
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	303,062,693		199,182,307		502,245,000
5.	Totals (Sum of Lines 1 to 4)	362,399,362	0	223,654,534	0	586,053,896
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	601,254		107		601,361
6.2	Applied to pay renewal premiums	495,139				495,139
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,191,125		25		1,191,150
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,287,518	0	132	0	2,287,650
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	18,245				18,245
7.4	Totals (Sum of Lines 7.1 to 7.3)	18,245	0	0	0	18,245
8.	Grand Totals (Lines 6.5 + 7.4)	2,305,763	0	132	0	2,305,895
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	14,623,857		2,886,387		17,510,244
10.	Matured endowments	67,954				67,954
11.	Annuity benefits	43,489,710		21,277,495		64,767,205
12.	Surrender values and withdrawals for life contracts	260,100,837		163,183,550		423,284,387
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	82,884				82,884
15.	Totals	318,365,242	0	187,347,432	0	505,712,674
	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	51	2,869,172							51	2,869,172
17.	Incurred during current year	217	14,568,836			20	2,838,173			237	17,407,009
	Settled during current year:										
18.1	By payment in full	223	15,525,696			20	2,838,173			243	18,363,869
18.2	By payment on compromised claims									0	0
18.3	Totals paid	223	15,525,696	0	0	20	2,838,173	0	0	243	18,363,869
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	223	15,525,696	0	0	20	2,838,173	0	0	243	18,363,869
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	45	1,912,312	0	0	0	0	0	0	45	1,912,312
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	33,028	4,824,538,146		(a)	653	811,696,482			33,681	5,636,234,628
21.	Issued during year	125	101,445,034			48	81,600,000			173	183,045,034
22.	Other changes to in force (Net)	(986)	(285,737,608)			(2)	(12,983,455)			(988)	(298,721,063)
23.	In force December 31 of current year	32,167	4,640,245,572	0	(a) 0	699	880,313,027	0	0	32,866	5,520,558,599

(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)	11,644,488	11,402,021		5,811,238	6,026,038
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	308	308			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	2,102	2,102			
25.2	Guaranteed renewable (b)	75,947	75,947		80,681	80,681
25.3	Non-renewable for stated reasons only (b)	131	131			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	78,180	78,180	0	80,681	80,681
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,722,976	11,480,509	0	5,891,919	6,106,719

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....3,300 and number of persons insured under indemnity only products.....3,493.

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,691,785		4,259,767		5,951,552
2.	Annuity considerations	3,577,353				3,577,353
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	39,069,062		5,778,196		44,847,258
5.	Totals (Sum of Lines 1 to 4)	44,338,200	0	10,037,963	0	54,376,163
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	17,063				17,063
6.2	Applied to pay renewal premiums	19,522				19,522
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	23,433				23,433
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	60,018	0	0	0	60,018
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	480				480
7.4	Totals (Sum of Lines 7.1 to 7.3)	480	0	0	0	480
8.	Grand Totals (Lines 6.5 + 7.4)	60,498	0	0	0	60,498
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	4,173,238				4,173,238
10.	Matured endowments					0
11.	Annuity benefits	4,725,396		580,888		5,306,284
12.	Surrender values and withdrawals for life contracts	25,283,155		4,669,390		29,952,545
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	73				73
15.	Totals	34,181,862	0	5,250,278	0	39,432,140
	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	187,958			1	2,375			4	190,333
17.	Incurred during current year	8	4,173,238							8	4,173,238
	Settled during current year:										
18.1	By payment in full	10	4,351,796			1	2,375			11	4,354,171
18.2	By payment on compromised claims									0	0
18.3	Totals paid	10	4,351,796	0	0	1	2,375	0	0	11	4,354,171
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	10	4,351,796	0	0	1	2,375	0	0	11	4,354,171
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	9,400	0	0	0	0	0	0	1	9,400
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	796	187,869,820		(a)	34	63,779,749			830	251,649,569
21.	Issued during year	13	14,933,121							13	14,933,121
22.	Other changes to in force (Net)	(33)	(17,264,674)			1	250,000			(32)	(17,014,674)
23.	In force December 31 of current year	776	185,538,267	0	(a) 0	35	64,029,749	0	0	811	249,568,016

(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)	535,231	515,534		1,679,139	1,684,939
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)	535,231	515,534	0	1,679,139	1,684,939

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....265 and number of persons insured under indemnity only products.....381.

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DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	18,984,261		4,348,149		23,332,410
2.	Annuity considerations	14,170,318				14,170,318
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	116,130,907		26,129,733		142,260,640
5.	Totals (Sum of Lines 1 to 4)	149,285,486	0	30,477,882	0	179,763,368
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	591,251		106		591,357
6.2	Applied to pay renewal premiums	354,894				354,894
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	963,058				963,058
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,909,203	0	106	0	1,909,309
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	32				32
7.3	Other	5,704				5,704
7.4	Totals (Sum of Lines 7.1 to 7.3)	5,736	0	0	0	5,736
8.	Grand Totals (Lines 6.5 + 7.4)	1,914,939	0	106	0	1,915,045
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,807,246		270,115		12,077,361
10.	Matured endowments	77,057				77,057
11.	Annuity benefits	18,039,823		6,427,960		24,467,783
12.	Surrender values and withdrawals for life contracts	93,921,062		42,564,874		136,485,936
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	327,371		132,236		459,607
15.	Totals	124,172,559	0	49,395,185	0	173,567,744
	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	42	851,156			5	12,179			47	863,335
17.	Incurred during current year	483	12,032,130			20	153,615			503	12,185,745
	Settled during current year:										
18.1	By payment in full	464	11,877,888			24	164,514			488	12,042,402
18.2	By payment on compromised claims									0	0
18.3	Totals paid	464	11,877,888	0	0	24	164,514	0	0	488	12,042,402
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	464	11,877,888	0	0	24	164,514	0	0	488	12,042,402
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	61	1,005,398	0	0	1	1,280	0	0	62	1,006,678
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	37,403	3,239,215,408		(a)	7	12,126,298			37,410	3,251,341,706
21.	Issued during year	8	5,635,717							8	5,635,717
22.	Other changes to in force (Net)	(2,127)	(193,927,272)			(2)	(2,259,124)			(2,129)	(196,186,396)
23.	In force December 31 of current year	35,284	3,050,923,853	0	(a) 0	5	9,867,174	0	0	35,289	3,060,791,027

(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)	1,511,466	1,548,224		852,866	914,166
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1,004	1,004		1,650	1,650
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	1,554	1,554			
25.2	Guaranteed renewable (b)	720,791	720,791		385,624	385,624
25.3	Non-renewable for stated reasons only (b)	401	401			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	722,746	722,746	0	385,624	385,624
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,235,216	2,271,974	0	1,240,140	1,301,440

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....98 and number of persons insured under indemnity only products.....1,073.

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

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	40,550				40,550
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	268,161				268,161
5.	Totals (Sum of Lines 1 to 4)	308,711	0	0	0	308,711
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,372				1,372
6.2	Applied to pay renewal premiums	450				450
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)	1,822	0	0	0	1,822
	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)	1,822	0	0	0	1,822
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,000				10,000
10.	Matured endowments					0
11.	Annuity benefits	90,108				90,108
12.	Surrender values and withdrawals for life contracts	2,662,757				2,662,757
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	2,762,865	0	0	0	2,762,865
	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								2	0
	Settled during current year:										
18.1	By payment in full	2								2	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	0	0	0	0	0	0	0	2	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	0	0	0	0	0	0	0	2	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	34	4,273,455		(a)					34	4,273,455
21.	Issued during year	1	500,000							1	500,000
22.	Other changes to in force (Net)	(4)	(169,949)							(4)	(169,949)
23.	In force December 31 of current year	31	4,603,506	0	(a) 0	0	0	0	0	31	4,603,506

(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)	17,156	15,203		6,497	6,097
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)	17,156	15,203	0	6,497	6,097

(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.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,390,897		1,379,676		2,770,573
2.	Annuity considerations	1,925,869				1,925,869
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	13,416,915		5,324,910		18,741,825
5.	Totals (Sum of Lines 1 to 4)	16,733,681	0	6,704,586	0	23,438,267
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	83,488				83,488
6.2	Applied to pay renewal premiums	101,261				101,261
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	172,373				172,373
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	357,122	0	0	0	357,122
	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)	357,122	0	0	0	357,122
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,165,583		5,671		2,171,254
10.	Matured endowments	5,000				5,000
11.	Annuity benefits	2,006,276		126,716		2,132,992
12.	Surrender values and withdrawals for life contracts	13,355,828		2,843,110		16,198,938
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	13,868				13,868
15.	Totals	17,546,555	0	2,975,497	0	20,522,052
	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	47,115							14	47,115
17.	Incurred during current year	63	2,165,583			3	5,671			66	2,171,254
	Settled during current year:										
18.1	By payment in full	68	2,146,720			2	4,117			70	2,150,837
18.2	By payment on compromised claims									0	0
18.3	Totals paid	68	2,146,720	0	0	2	4,117	0	0	70	2,150,837
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	68	2,146,720	0	0	2	4,117	0	0	70	2,150,837
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	65,978	0	0	1	1,554	0	0	10	67,532
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,750	220,299,620		(a)	2	233,710			3,752	220,533,330
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(231)	(14,776,302)				(11,787)			(231)	(14,788,089)
23.	In force December 31 of current year	3,519	205,523,318	0	(a) 0	2	221,923	0	0	3,521	205,745,241

(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)	5,132,665	5,441,855		5,765,645	5,247,945
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)	9,765	9,765			
25.2	Guaranteed renewable (b)	27,587	27,587		9,851	9,851
25.3	Non-renewable for stated reasons only (b)	1,397	1,397			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	38,749	38,749	0	9,851	9,851
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,171,414	5,480,604	0	5,775,496	5,257,796

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....134 and number of persons insured under indemnity only products.....49.

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DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,031,130		65,871		3,097,001
2.	Annuity considerations	15,387,952				15,387,952
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	89,113,732		53,868,863		142,982,595
5.	Totals (Sum of Lines 1 to 4)	107,532,814	0	53,934,734	0	161,467,548
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	117,971		130		118,101
6.2	Applied to pay renewal premiums	109,777				109,777
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	198,831		31		198,862
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	426,579	0	161	0	426,740
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	3,283				3,283
7.4	Totals (Sum of Lines 7.1 to 7.3)	3,283	0	0	0	3,283
8.	Grand Totals (Lines 6.5 + 7.4)	429,862	0	161	0	430,023
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,425,372		120,602		2,545,974
10.	Matured endowments	10,000				10,000
11.	Annuity benefits	18,182,071		5,989,474		24,171,545
12.	Surrender values and withdrawals for life contracts	97,362,069		59,044,948		156,407,017
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	6,663		35,931		42,594
15.	Totals	117,986,175	0	65,190,955	0	183,177,130
	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	4	14,347							4	14,347
17.	Incurred during current year	61	2,465,211			6	113,136			67	2,578,347
	Settled during current year:										
18.1	By payment in full	60	2,418,801			6	113,136			66	2,531,937
18.2	By payment on compromised claims									0	0
18.3	Totals paid	60	2,418,801	0	0	6	113,136	0	0	66	2,531,937
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	60	2,418,801	0	0	6	113,136	0	0	66	2,531,937
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	60,757	0	0	0	0	0	0	5	60,757
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,323	535,598,483		(a)	3	4,939,101			3,326	540,537,584
21.	Issued during year	1	4,009,856							1	4,009,856
22.	Other changes to in force (Net)	(135)	4,760,452				(160,924)			(135)	4,599,528
23.	In force December 31 of current year	3,189	544,368,791	0	(a) 0	3	4,778,177	0	0	3,192	549,146,968

(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)	5,528,035	5,456,269		4,266,372	4,400,172
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	138	138			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,816	6,816		1,282	1,282
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)	6,816	6,816	0	1,282	1,282
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,534,989	5,463,223	0	4,267,654	4,401,454

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....2,093 and number of persons insured under indemnity only products.....627.

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,499,543		35,768		5,535,311
2.	Annuity considerations	8,579,587		14		8,579,601
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	89,624,329		79,957,869		169,582,198
5.	Totals (Sum of Lines 1 to 4)	103,703,459	0	79,993,651	0	183,697,110
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	106,207		31		106,238
6.2	Applied to pay renewal premiums	131,318				131,318
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	172,068				172,068
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	409,593	0	31	0	409,624
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities	1,293				1,293
7.3	Other	226,610				226,610
7.4	Totals (Sum of Lines 7.1 to 7.3)	227,903	0	0	0	227,903
8.	Grand Totals (Lines 6.5 + 7.4)	637,496	0	31	0	637,527
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,075,261		27,926		2,103,187
10.	Matured endowments	21,003				21,003
11.	Annuity benefits	15,795,610		15,778,280		31,573,890
12.	Surrender values and withdrawals for life contracts	71,709,617		143,541,088		215,250,705
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	8,178				8,178
15.	Totals	89,609,669	0	159,347,294	0	248,956,963
	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	75,787			4	11,075			14	86,862
17.	Incurred during current year	39	981,952			9	27,926			48	1,009,878
	Settled during current year:										
18.1	By payment in full	43	954,293			12	38,117			55	992,410
18.2	By payment on compromised claims									0	0
18.3	Totals paid	43	954,293	0	0	12	38,117	0	0	55	992,410
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	43	954,293	0	0	12	38,117	0	0	55	992,410
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	103,446	0	0	1	884	0	0	7	104,330
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	27,451	413,907,129		(a)	50	43,435,918			27,501	457,343,047
21.	Issued during year	27	49,447,133							27	49,447,133
22.	Other changes to in force (Net)	(209)	(13,385,173)				(759,116)			(209)	(14,144,289)
23.	In force December 31 of current year	27,269	449,969,089	0	(a) 0	50	42,676,802	0	0	27,319	492,645,891

(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)	5,149,615	5,706,736		4,097,291	4,232,617
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)	808	808			
25.6	Totals (Sum of Lines 25.1 to 25.5)	808	808	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,150,423	5,707,544	0	4,097,291	4,232,617

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....4,235 and number of persons insured under indemnity only products.....631.

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,822,835		15,337		4,838,172
2.	Annuity considerations	5,177,193				5,177,193
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	38,529,280		4,574,446		43,103,726
5.	Totals (Sum of Lines 1 to 4)	48,529,308	0	4,589,783	0	53,119,091
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	152,569		12		152,581
6.2	Applied to pay renewal premiums	58,310				58,310
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	300,742				300,742
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	511,621	0	12	0	511,633
	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)	511,621	0	12	0	511,633
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	4,043,225		7,097		4,050,322
10.	Matured endowments	33,360				33,360
11.	Annuity benefits	5,203,096		1,192,587		6,395,683
12.	Surrender values and withdrawals for life contracts	24,676,823		8,593,927		33,270,750
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	166,490				166,490
15.	Totals	34,122,994	0	9,793,611	0	43,916,605
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 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	25	248,148			3	6,594			28	254,742
17.	Incurred during current year	202	4,043,224			2	7,097			204	4,050,321
	Settled during current year:										
18.1	By payment in full	197	4,050,900			4	8,691			201	4,059,591
18.2	By payment on compromised claims									0	0
18.3	Totals paid	197	4,050,900	0	0	4	8,691	0	0	201	4,059,591
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	197	4,050,900	0	0	4	8,691	0	0	201	4,059,591
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	30	240,472	0	0	1	5,000	0	0	31	245,472
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	13,387	673,776,573		(a)		296,499			13,387	674,073,072
21.	Issued during year	3	307,617							3	307,617
22.	Other changes to in force (Net)	(695)	(37,219,765)				(8,691)			(695)	(37,228,456)
23.	In force December 31 of current year	12,695	636,864,425	0	(a) 0	0	287,808	0	0	12,695	637,152,233

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

ACCIDENT AND HEALTH INSURANCE

		1 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)	858,365	797,742		775,395	818,491
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)	526,290	526,290		270,570	270,570
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)	526,290	526,290	0	270,570	270,570
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,384,655	1,324,032	0	1,045,965	1,089,061

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....24,713 and number of persons insured under indemnity only products.....281.

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,093,303		14,113		2,107,416
2.	Annuity considerations	1,372,363				1,372,363
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations	2,308,696		972,461		3,281,157
5.	Totals (Sum of Lines 1 to 4)	5,774,362	0	986,574	0	6,760,936
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	8,345				8,345
6.2	Applied to pay renewal premiums	39,425				39,425
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	10,465				10,465
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	58,235	0	0	0	58,235
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other	476				476
7.4	Totals (Sum of Lines 7.1 to 7.3)	476	0	0	0	476
8.	Grand Totals (Lines 6.5 + 7.4)	58,711	0	0	0	58,711
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits			50,000		50,000
10.	Matured endowments	1,000				1,000
11.	Annuity benefits	623,597		427,677		1,051,274
12.	Surrender values and withdrawals for life contracts	2,882,902		1,981,158		4,864,060
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	1				1
15.	Totals	3,507,500	0	2,458,835	0	5,966,335
	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				1	0
	Settled during current year:										
18.1	By payment in full					1				1	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	1	0	0	0	1	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	1	0	0	0	1	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	393	67,478,655		(a)					393	67,478,655
21.	Issued during year	4	5,498,548							4	5,498,548
22.	Other changes to in force (Net)	(9)	(1,938,356)							(9)	(1,938,356)
23.	In force December 31 of current year	388	71,038,847	0	(a) 0	0	0	0	0	388	71,038,847

(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)	567,635	592,295		387,260	392,993
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)	567,635	592,295	0	387,260	392,993

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....13,879 and number of persons insured under indemnity only products.....118.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	14,169,719
2. Current year's realized pre-tax capital gains/(losses) of $.....(8,036,648) transferred into the reserve net of taxes of $.....(2,812,827)	(5,223,821)
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)	8,945,898
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	5,864,619
6. Reserve as of December 31, current year (Line 4 minus Line 5)	3,081,279

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	4,382,960	1,481,659		5,864,619
2. 2016	2,668,895	392,750		3,061,645
3. 2017	1,583,271	(1,049,032)		534,239
4. 2018	3,125,177	(952,791)		2,172,386
5. 2019	740,557	(858,878)		(118,321)
6. 2020	475,568	(762,781)		(287,213)
7. 2021	423,691	(647,892)		(224,201)
8. 2022	250,820	(534,087)		(283,267)
9. 2023	455,813	(411,547)		44,266
10. 2024	584,767	(282,182)		302,585
11. 2025	632,154	(146,246)		485,908
12. 2026	487,798	(81,062)		406,736
13. 2027	89,073	(81,721)		7,352
14. 2028	(143,449)	(84,338)		(227,787)
15. 2029	(214,985)	(84,817)		(299,802)
16. 2030	(343,735)	(87,408)		(431,143)
17. 2031	(290,429)	(89,498)		(379,927)
18. 2032	(264,491)	(92,217)		(356,708)
19. 2033	(87,247)	(96,943)		(184,190)
20. 2034	47,900	(100,655)		(52,755)
21. 2035	83,279	(103,351)		(20,072)
22. 2036	99,965	(100,291)		(326)
23. 2037	76,215	(92,464)		(16,249)
24. 2038	39,289	(80,625)		(41,336)
25. 2039	50,888	(71,856)		(20,968)
26. 2040	109,624	(61,008)		48,616
27. 2041	73,761	(50,953)		22,808
28. 2042	(280,580)	(40,555)		(321,135)
29. 2043	(83,882)	(29,116)		(112,998)
30. 2044	(73,504)	(17,678)		(91,182)
31. 2045 and Later	(529,444)	(6,238)		(535,682)
32. Total (Lines 1 to 31)	14,169,719	(5,223,821)	0	8,945,898

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	213,731,547	55,299,429	269,030,977	3,163,760	5,886,079	9,049,840	278,080,816
2. Realized capital gains/(losses) net of taxes - General Account	(4,504,772)		(4,504,772)		(590,769)	(590,769)	(5,095,541)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	(1,352,250)	(265,505)	(1,617,755)	306,773	1,495,224	1,801,997	184,242
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	50,641,017	11,775,842	62,416,858		599,138	599,138	63,015,996
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	258,515,542	66,809,766	325,325,308	3,470,533	7,389,672	10,860,206	336,185,513
9. Maximum reserve	240,287,517	58,382,611	298,670,128	3,531,184	11,305,200	14,836,384	313,506,511
10. Reserve objective	165,906,066	44,944,949	210,851,016	3,319,439	10,639,491	13,958,930	224,809,945
11. 20% of (Line 10 minus Line 8)	(18,521,895)	(4,372,963)	(22,894,858)	(30,219)	649,964	619,745	(22,275,114)
12. Balance before transfers (Lines 8 + 11)	239,993,647	62,436,803	302,430,449	3,440,315	8,039,636	11,479,950	313,910,400
13. Transfers	293,867	(293,867)	0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero		(3,760,324)	(3,760,324)			0	(3,760,324)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	240,287,514	58,382,612	298,670,125	3,440,315	8,039,636	11,479,950	310,150,076

ASSET VALUATION RESERVE

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 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	91,185,191	XXX	XXX	91,185,191	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	15,719,540,604	XXX	XXX	15,719,540,604	0.0004	6,287,816	0.0023	36,154,943	0.0030	47,158,622
3	2	High quality	11,193,768,438	XXX	XXX	11,193,768,438	0.0019	21,268,160	0.0058	64,923,857	0.0090	100,743,916
4	3	Medium quality	1,250,988,038	XXX	XXX	1,250,988,038	0.0093	11,634,189	0.0230	28,772,725	0.0340	42,533,593
5	4	Low quality	307,601,621	XXX	XXX	307,601,621	0.0213	6,551,915	0.0530	16,302,886	0.0750	23,070,122
6	5	Lower quality	70,277,982	XXX	XXX	70,277,982	0.0432	3,036,009	0.1100	7,730,578	0.1700	11,947,257
7	6	In or near default	30,694,367	XXX	XXX	30,694,367	0.0000	0	0.2000	6,138,873	0.2000	6,138,873
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)	28,664,056,241	XXX	XXX	28,664,056,241	XXX	48,778,088	XXX	160,023,863	XXX	231,592,383
		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	163,564,914	XXX	XXX	163,564,914	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	20,924,387	XXX	XXX	20,924,387	0.0004	8,370	0.0023	48,126	0.0030	62,773
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)	184,489,301	XXX	XXX	184,489,301	XXX	8,370	XXX	48,126	XXX	62,773
		DERIVATIVE INSTRUMENTS										
26		Exchange traded	30,399,635	XXX	XXX	30,399,635	0.0004	12,160	0.0023	69,919	0.0030	91,199
27	1	Highest quality	41,913,216	XXX	XXX	41,913,216	0.0004	16,765	0.0023	96,400	0.0030	125,740
28	2	High quality	990,718	XXX	XXX	990,718	0.0019	1,882	0.0058	5,746	0.0090	8,916
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	73,303,569	XXX	XXX	73,303,569	XXX	30,808	XXX	172,066	XXX	225,855
34		Total (Lines 9 + 17 + 25 + 33)	28,921,849,111	XXX	XXX	28,921,849,111	XXX	48,817,266	XXX	160,244,054	XXX	231,881,011

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	5,176,639,233		XXX	5,176,639,233	0.0010	5,176,639	0.0050	25,883,196	0.0065	33,648,155
44		Commercial mortgages-all other - CM2 - high quality	1,548,050,794		XXX	1,548,050,794	0.0035	5,418,178	0.0100	15,480,508	0.0130	20,124,660
45		Commercial mortgages-all other - CM3 - medium quality	168,773,306		XXX	168,773,306	0.0060	1,012,640	0.0175	2,953,533	0.0225	3,797,399
46		Commercial mortgages-all other - CM4 - low medium quality	2,420,449		XXX	2,420,449	0.0105	25,415	0.0300	72,613	0.0375	90,767
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)	6,895,883,782	0	XXX	6,895,883,782	XXX	11,632,872	XXX	44,389,850	XXX	57,660,982
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)	6,895,883,782	0	XXX	6,895,883,782	XXX	11,632,872	XXX	44,389,850	XXX	57,660,982

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 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)
		COMMON STOCK										
1		Unaffiliated public	871,225	XXX	XXX	871,225	0.0000	0	(a) 0.2000	174,245	(a) 0.2000	174,245
2		Unaffiliated private	16,147,909	XXX	XXX	16,147,909	0.0000	0	0.1600	2,583,665	0.1600	2,583,665
3		Federal Home Loan Bank	70,581,700	XXX	XXX	70,581,700	0.0000	0	0.0050	352,909	0.0080	564,654
4		Affiliated life with AVR	735,046,660	XXX	XXX	735,046,660	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	1,303,875	XXX	XXX	1,303,875	0.0000	0	0.1600	208,620	0.1600	208,620
17		Total common stock (sum of Lines 1 through 16)	823,951,369	0	0	823,951,369	XXX	0	XXX	3,319,439	XXX	3,531,184
		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 (continued)

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

NONE

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC 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)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public		XXX	XXX	0	0.0000	0	(a)	0	(a)	0
66		Unaffiliated private	250,000	XXX	XXX	250,000	0.0000	0	0.1600	40,000	0.1600	40,000
67		Affiliated life with AVR	65,779,141	XXX	XXX	65,779,141	0.0000	0	0.0000	0	0.0000	0
68		Affiliated certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69		Affiliated other - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	66,029,141	XXX	XXX	66,029,141	XXX	0	XXX	40,000	XXX	40,000
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home office property (general account only)				0	0.0000	0	0.0750	0	0.0750	0
72		Investment properties	51,539,640			51,539,640	0.0000	0	0.0750	3,865,473	0.0750	3,865,473
73		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	51,539,640	0	0	51,539,640	XXX	0	XXX	3,865,473	XXX	3,865,473
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit				0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed federal low income housing tax credit	95,101,275			95,101,275	0.0063	599,138	0.0120	1,141,215	0.0190	1,806,924
77		Guaranteed state low income housing tax credit				0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed state low income housing tax credit				0	0.0063	0	0.0120	0	0.0190	0
79		All other low income housing tax credit				0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79)	95,101,275	0	0	95,101,275	XXX	599,138	XXX	1,141,215	XXX	1,806,924
		ALL OTHER INVESTMENTS										
81		NAIC 1 working capital finance investments		XXX		0	0.0000	0	0.0037	0	0.0037	0
82		NAIC 2 working capital finance investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83		Other invested assets - Schedule BA	43,021,557	XXX		43,021,557	0.0000	0	0.1300	5,592,802	0.1300	5,592,802
84		Other short-term invested assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85		Total All Other (sum of Lines 81, 82, 83 and 84)	43,021,557	XXX	0	43,021,557	XXX	0	XXX	5,592,802	XXX	5,592,802
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	255,691,613	0	0	255,691,613	XXX	599,138	XXX	10,639,491	XXX	11,305,200

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(b) Determined using same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ASSET VALUATION RESERVE (continued)

Basic Contributions, Reserve Objective and Maximum Reserve Calculations

Replications (Synthetic) Assets

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

NONE

SCHEDULE F

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

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
CLAIMS DISPOSED OF DURING CURRENT YEAR							
Death Claims - Ordinary							
N990511830		NY	2014	500,000	210,000		Policy lapsed 6 weeks before death
0199999. Death Claims - Ordinary				500,000	210,000	0	XXX
0599999. Subtotal - Disposed Death Claims				500,000	210,000	0	XXX
2699999. Subtotal - Claims Disposed of During Current Year				500,000	210,000	0	XXX
CLAIMS RESISTED DURING CURRENT YEAR							
Death Claims - Ordinary							
L039631050		PA	2013	147,207		147,207	Misrepresentation on application
B101874350		PA	2014	150,828	51,200	99,628	Plaintiff claims higher death benefit
L039692390		IN	2013	120,000		120,000	Misrepresentation on application
N100092560		NJ	2013	1,500,000		1,500,000	Policy lapsed
1190804690		NJ	2013	250,000		250,000	Policy lapsed and the applicant died before reinstating
2799999. Death Claims - Ordinary				2,168,035	51,200	2,116,835	XXX
3199999. Subtotal - Resisted Death Claims				2,168,035	51,200	2,116,835	XXX
5299999. Subtotal - Claims Resisted of During Current Year				2,168,035	51,200	2,116,835	XXX
5399999. Totals				2,668,035	261,200	2,116,835	XXX

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	580,046	XXX	498,921	XXX		XXX		XXX	38,416	XXX	37,318	XXX	5,391	XXX		XXX		XXX
2.	Premiums earned	398,935	XXX	310,338	XXX		XXX		XXX	38,416	XXX	37,541	XXX	12,640	XXX		XXX		XXX
3.	Incurred claims	1,304,099	326.9	3,654,362	1,177.5	0	0.0	0	0.0	(960,394)	(2,500.0)	(1,621,374)	(4,318.9)	231,652	1,832.7	0	0.0	(147)	0.0
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	1,304,099	326.9	3,654,362	1,177.5	0	0.0	0	0.0	(960,394)	(2,500.0)	(1,621,374)	(4,318.9)	231,652	1,832.7	0	0.0	(147)	0.0
6	Increase in contract reserves	(269,095)	(67.5)	(341,165)	(109.9)	0	0.0	0	0.0	(22,334)	(58.1)	(19,295)	(51.4)	0	0.0	0	0.0	113,699	0.0
7	Commissions (a)	(32,571,764)	(8,164.7)	(32,614,802)	(10,509.4)		0.0	1	0.0	13,848	36.0	43,228	115.1	(283)	(2.2)		0.0	(13,756)	0.0
8	Other general insurance expenses	21,259,041	5,328.9	21,303,980	6,864.8		0.0		0.0	(71,420)	(185.9)	12,699	33.8	26	0.2		0.0	13,756	0.0
9	Taxes, licenses and fees	8,853,947	2,219.4	8,891,857	2,865.2		0.0	(1)	0.0	(659)	(1.7)	(41,897)	(111.6)	357	2.8		0.0	4,290	0.0
10	Total other expenses incurred	(2,458,776)	(616.3)	(2,418,965)	(779.5)	0	0.0	0	0.0	(58,231)	(151.6)	14,030	37.4	100	0.8	0	0.0	4,290	0.0
11.	Aggregate write-ins for deductions	(2,741,590)	(687.2)	(2,741,590)	(883.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	4,564,297	1,144.1	2,157,696	695.3	0	0.0	0	0.0	1,079,375	2,809.7	1,664,180	4,433.0	(219,112)	(1,733.5)	0	0.0	(117,842)	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	4,564,297	1,144.1	2,157,696	695.3	0	0.0	0	0.0	1,079,375	2,809.7	1,664,180	4,433.0	(219,112)	(1,733.5)	0	0.0	(117,842)	0.0
DETAILS OF WRITE-INS																			
1101.	Change in rate stabilization	(1,029,590)	(258.1)	(1,029,590)	(331.8)		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	Change in loss recognition reserve	(1,712,000)	(429.1)	(1,712,000)	(551.7)		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	(2,741,590)	(687.2)	(2,741,590)	(883.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	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	73,675,684	73,675,684							
2. Advance premiums	25,942	23,694				2,248			
3. Reserve for rate credits	0								
4. Total premium reserves, current year	73,701,626	73,699,378	0	0	0	2,248	0	0	0
5. Total premium reserves, prior year	73,991,757	73,989,285				2,472			
6. Increase in total premium reserves	(290,131)	(289,907)	0	0	0	(224)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	10,398,292	3,819,258			103,736	250,704			6,224,594
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	10,398,292	3,819,258	0	0	103,736	250,704	0	0	6,224,594
4. Total contract reserves, prior year	10,667,387	4,160,423			126,070	269,999			6,110,895
5. Increase in contract reserves	(269,095)	(341,165)	0	0	(22,334)	(19,295)	0	0	113,699
C. Claim Reserves and Liabilities:									
1. Total current year	49,749,445	48,449,496	0	0	1,154,752	44,034	100,000	772	391
2. Total prior year	41,778,133	40,437,506			1,196,233	43,084	100,000	772	538
3. Increase	7,971,312	8,011,990	0	0	(41,481)	950	0	0	(147)

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	(6,667,213)	(4,357,628)			(918,913)	(1,622,324)	231,652		
1.2 On claims incurred during current year	0								
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	49,749,445	48,449,496			1,154,752	44,034	100,000	772	391
2.2 On claims incurred during current year	0								
3. Test:									
3.1 Lines 1.1 and 2.1	43,082,232	44,091,868	0	0	235,839	(1,578,290)	331,652	772	391
3.2 Claim reserves and liabilities, December 31, prior year	41,778,133	40,437,506			1,196,233	43,084	100,000	772	538
3.3 Line 3.1 minus Line 3.2	1,304,099	3,654,362	0	0	(960,394)	(1,621,374)	231,652	0	(147)

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	6	6							
2. Premiums earned	1	1							
3. Incurred claims	(1,500)	(1,500)							
4. Commissions	0								
B. Reinsurance Ceded:									
1. Premiums written	299,821,513	290,226,861		3,827	855,770	8,662,368	65,893		6,794
2. Premiums earned	300,804,316	291,055,749		3,924	855,588	8,816,288	65,499		7,268
3. Incurred claims	212,122,046	202,881,599		6,041	2,762,254	6,523,363	(51,064)		(147)
4. Commissions	72,116,499	71,507,050		(1)	22,069	566,590	7,035		13,756

(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	184,596,692	9,205,660	19,625,293	213,427,645
2.	Beginning claim reserves and liabilities	60,000,607	961,105	47,091,073	108,052,785
3.	Ending claim reserves and liabilities	61,456,708	1,160,235	46,988,036	109,604,979
4.	Claims paid	183,140,591	9,006,530	19,728,330	211,875,451
B.	Assumed Reinsurance:				
5.	Incurred claims	(1,500)			(1,500)
6.	Beginning claim reserves and liabilities	1,500			1,500
7.	Ending claim reserves and liabilities				0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims	177,257,342	9,006,530	25,858,173	212,122,045
10.	Beginning claim reserves and liabilities	31,600,738		34,675,415	66,276,153
11.	Ending claim reserves and liabilities	25,718,989		34,136,546	59,855,535
12.	Claims paid	183,139,091	9,006,530	26,397,042	218,542,663
D.	Net:				
13.	Incurred claims	7,337,850	199,130	(6,232,880)	1,304,100
14.	Beginning claim reserves and liabilities	28,401,369	961,105	12,415,658	41,778,132
15.	Ending claim reserves and liabilities	35,737,719	1,160,235	12,851,490	49,749,444
16.	Claims paid	1,500	0	(6,668,712)	(6,667,212)
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	1,304,099			1,304,099
18.	Beginning reserves and liabilities	41,778,132			41,778,132
19.	Ending reserves and liabilities	49,749,444			49,749,444
20.	Paid claims and cost containment expenses	(6,667,213)	0	0	(6,667,213)

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 - Affiliates - U.S. - Other											
92657	31-1000740	12/31/1996	Nationwide Life And Annuity Insurance Co	OH	AMCO/I			65,793,998		2,338,113,469	
92657	31-1000740	02/26/1999	Nationwide Life And Annuity Insurance Co	OH	CO/G	110,871,614	152,779,958				
92657	31-1000740	01/01/1994	Nationwide Life And Annuity Insurance Co	OH	MCO/I	835,184,782		5,496,699		44,886,588	
0299999.	Total - General Account - Affiliates - U.S. - Other					946,056,396	152,779,958	71,290,697	0	2,383,000,057	0
0399999.	Total - General Account - Affiliates - U.S. - Totals					946,056,396	152,779,958	71,290,697	0	2,383,000,057	0
0799999.	Total - General Account - Affiliates					946,056,396	152,779,958	71,290,697	0	2,383,000,057	0
General Account - Non-Affiliates - U.S. Non-Affiliates											
62308	06-0303370	01/01/1982	Connecticut General Life Insurance Co	CT	YRT/I		1,394				
60992	13-3690700	04/16/1993	First Metlife Investors Insurance Co	NY	ACO/I		461,526				
65676	35-0472300	02/01/1989	Lincoln National Life Insurance Co	IN	YRT/I		7,622	77,612			
82627	06-0839705	01/01/1989	Swiss Re Life And Health America Inc	NY	YRT/I		80,493	7,858			
70335	94-0971150	01/01/1986	West Coast Life Ins Co	CA	OTH/G	2,547,677	325,453	12,255			
70335	94-0971150	01/01/1986	West Coast Life Ins Co	CA	OTH/G	1,191,062	451,252	8,904			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					3,738,739	1,327,740	106,629	0	0	0
1099999.	Total - General Account - Non-Affiliates					3,738,739	1,327,740	106,629	0	0	0
1199999.	Total - General Account					949,795,135	154,107,698	71,397,326	0	2,383,000,057	0
Separate Accounts - Affiliates - U.S. - Other											
92657	31-1000740	01/01/1994	Nationwide Life And Annuity Insurance Co	OH	MCO/I					91,401,980	
1399999.	Total - Separate Accounts - Affiliates - U.S. - Other					0	0	0	0	91,401,980	0
1499999.	Total - Separate Accounts - Affiliates - U.S. - Totals					0	0	0	0	91,401,980	0
1899999.	Total - Separate Accounts - Affiliates					0	0	0	0	91,401,980	0
2299999.	Total - Separate Accounts					0	0	0	0	91,401,980	0
2399999.	Total U.S.					949,795,135	154,107,698	71,397,326	0	2,474,402,037	0
9999999.	Total					949,795,135	154,107,698	71,397,326	0	2,474,402,037	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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	25,000	140,000
68365	04-2729166	05/01/1999	AXA Re Life Insurance Company	DE	847,338	
62308	06-0303370	10/01/1998	Connecticut General Life Insurance Co	CT	26,489	
79782	86-0262046	02/23/1972	Electric Cooperative Life Ins Co	AZ	2,791	
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	182,846	1,308,357
88340	59-2859797	10/01/2004	Hannover Life Re	FL	243,463	
88340	59-2859797	10/01/2004	Hannover Life Re	FL	83,375	222,710
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	60,000	
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	184,283	
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	1,059,940	1,396,520
66346	58-0828824	01/01/1998	Munich American Reassurance Co	GA		81,193
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	62,500	
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	7,366,919	1,046,221
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	321,589	
87572	23-2038295	10/01/2002	Scottish Re	NC	153,022	
87572	23-2038295	10/01/2002	Scottish Re	NC	790,828	826,835
68713	84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	184,283	174,102
68713	84-0499703	01/27/1996	Security Life of Denver Ins Co	CO	96,437	196,000
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	147,373	1,434,210
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	30,000	153,000
82627	06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY	1,187,897	
70688	36-6071399	02/07/2000	Transamerica Financial Life Insurance Co	NY	400,000	
70688	36-6071399	11/01/1989	Transamerica Financial Life Insurance Co	NY		242,547
62596	31-0252460	01/01/1986	Union Fidelity Life Company	IL		2,629
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				13,456,373	7,224,324
1099999.	Total - Life and Annuity Non-Affiliates				13,456,373	7,224,324
1199999.	Total - Life and Annuity				13,456,373	7,224,324
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
19801	94-1390273	07/01/2009	Argonaut Insurance Company	TX		57,030
71439	38-1843471	07/01/2003	Assurity Life Insurance Company	NE		75,344
61883	42-0884060	10/01/2002	Central United Life Insurance Company	TX		26,021
00000	46-5556688	05/01/2015	Blue Ridge Captive Solutions	NC		404,929
62359	36-1824600	11/01/2002	Constitution Life Insurance Company	TX		668,725
70939	13-2611847	01/01/2007	Gerber Life Insurance Company	NY		14,082,982
10227	13-4924125	01/01/2011	Munich Reinsurance America	DE		572,101
20087	47-0355979	08/01/2013	National Indemnity Company	NE		373,500
68381	36-0883760	04/01/2010	Reliance Standard Life Ins Co	IL		1,357,999
62596	31-0252460	01/01/2009	Union Fidelity	PA		562
63479	58-0869673	04/01/1992	United Teacher Associates Insurance Co	GA		37
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				0	17,619,230
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-1120055	03/01/2010	Lloyds #3623	GBR		173,500
00000	AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	GBR		292,848
00000	AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	GBR		97,616
00000	AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	GBR		292,848
00000	AA-1126780	12/01/2014	Lloyds #0780	GBR		27,075
00000	AA-1126958	12/01/2014	Lloyds #0958	GBR		9,760
00000	AA-1127183	01/01/2009	Lloyds Syndicate Number 1183 - Talbot	GBR		97,615
00000	AA-1127200	09/26/2011	Lloyds Syndicate Number 1200	GBR		58,571
00000	AA-1127861	01/01/2013	Lloyds Syndicate #1861	GBR		10,830
00000	AA-1128001	01/01/2009	Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd	GBR		136,663
00000	AA-1128003	01/01/2009	Lloyds Syndicate Number 2003 - Catlin Underwriting Agencies Ltd	GBR		27,075
00000	AA-1120104	12/01/2011	Lloyds #2012	GBR		58,568
00000	AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	GBR		97,616
00000	AA-1128987	01/01/2009	Lloyds Syndicate BRT #2987	GBR		366,058
00000	AA-1120075	01/01/2009	Lloyds Syndicate Number 4020 - ARK	GBR		292,848
00000	AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	GBR		39,048
00000	AA-1126006	01/01/2009	Lloyds Syndicate Number 4472 - Liberty	GBR		292,848
00000	AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	GBR		146,424
00000	AA-1127206	01/01/2009	Lloyds Syndicate Number 1206 - Sagicor	GBR		48,809
00000	AA-3194213	10/01/2012	Roundstone Insurance	BMU		7,668,899
2099999.	Total - Accident and Health Non-Affiliates - Non-U.S. Non-Affiliates				0	10,235,519
2199999.	Total - Accident and Health Non-Affiliates				0	27,854,749
2299999.	Total - Accident and Health				0	27,854,749
2399999.	Total U.S.				13,456,373	24,843,554
2499999.	Total Non-U.S.				0	10,235,519
9999999.	Total				13,456,373	35,079,073

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 - Affiliates - U.S. - Captive														
15821	31-4156830	10/01/2015	Eagle Captive Reinsurance, LLC	OH	ACOFW/I	VSAA		289,721,227		507,537,489				388,790,181
0199999.	Total - General Account - Authorized - Affiliates - U.S. - Captive						0	289,721,227	0	507,537,489	0	0	0	388,790,181
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						0	289,721,227	0	507,537,489	0	0	0	388,790,181
0799999.	Total - General Account - Authorized - Affiliates						0	289,721,227	0	507,537,489	0	0	0	388,790,181
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
60488	25-0598210	10/01/1991	American General Life Ins Co	IL	ACO/I	FL		24,031,467	24,872,290	579,026				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I	OL	898,750	583,102	544,805	40,147				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I	XXX	827,050,302	23,763,063	23,512,701	1,102,859				
61689	42-0175020	01/01/1992	Aviva Life and Annuity Company	IA	OTH/I	OL	65,891,100	23,507,150	23,586,014	1,524,639				
68365	04-2729166	05/01/1999	AXA Re Life Insurance Compnay	DE	ACO/I	VSAA		2,408,481	(254,113)	298,665				
19518	20-4929941	04/01/2015	Catlin Insurance Co	TX	CO/G	OL				91,766				
62308	06-0303370	10/01/1998	Connecticut General Life Insurance Co	CT	ACO/I	VSAA		6,063,734	5,093,228	300,000				
68276	48-1024691	12/31/1995	Employers Reassurance Corp	KS	CO/I	OL	100,912,292	12,600,379	13,315,084	840,064				
68276	48-1024691	04/01/1996	Employers Reassurance Corp	KS	YRT/I	OL		384	363					
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	YRT/I	OL	857,276,368	8,266,609	8,409,797	6,457,908				
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	YRT/I	XXX	3,750,000			34,193				
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	YRT/I	AXXX	18,773,128	7,094	5,379	155,682				
97071	13-3126819	06/01/2012	SCOR Global Life USA Reins Co	MO	YRT/I	OL	418,472	119	26	1,462				
97071	13-3126819	06/01/2012	SCOR Global Life USA Reins Co	MO	YRT/I	AXXX	569,665	154	132	2,864				
88340	59-2859797	06/01/2012	Hannover Life Re	FL	YRT/G	OL	2,273,927,300	480,311	1,106,237	2,578,017				
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I	OL	1,330,460,729	268,202	761,512	1,457,501				
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I	XXXL	57,756,000			27,382				
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I	AXXX	118,604,720	18,405	14,655	221,494				
65838	01-0233346	05/01/1997	John Hancock Life Insurance Co	MI	OTH/I	VSAA			4,974					
65676	35-0472300	01/01/1982	Lincoln National Life Insurance Co	IN	ACO/I	FL		34,675,640	35,697,790	221				
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	MCO/I	OL	4,001,645			88,832			2,621,341	
65676	35-0472300	04/01/1998	Lincoln National Life	IN	YRT/G	OL	619,487,602	376,605	964,218	3,164,622				
65676	35-0472300	02/01/1984	Lincoln National Life Insurance Co	IN	CO/I	OL	3,080,000	339,609		24,344				
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	YRT/I	OL	2,440,713,327	2,339,495	3,793,069	11,820,701				
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	YRT/I	XXXL	3,311,934,440	12,626,031	12,344,176	7,478,329				
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	YRT/I	AXXX	3,541,329	4,271	3,311	16,516				
93580	84-0849721	01/01/2008	M Life Insurance Company	OR	YRT/I	OL				351,142				
66346	58-0828824	01/01/1998	Munich American Reassurance Co	GA	YRT/I	OL	131,923,582	838,660	924,516	629,991				
88099	75-1608507	02/01/1987	Optimum Re Ins Co	TX	CO/I	OL		54,842	54,842	33,675				
88099	75-1608507	01/01/1986	Optimum Re Ins Co	TX	YRT/I	OL		26,452	26,452	10,769				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	CO/I	OL	465,000	4,827	5,459	1,746				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	CO/I	XXXL	663,204,099	15,693,263	15,483,203	562,071				

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
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/I	OL	4,824,853,909	12,084,299	16,631,191	21,694,752				
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/I	XXXL	215,265,746	305,830	374,146	270,941				
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/I	AXXX	203,632,239	37,432	27,107	529,037				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	YRT/G	OL	854,650,329	469,290	2,715,833	6,628,021				
70688	36-6071399	09/01/1981	SCOR Global Life Americas Reinsurance Co	DE	CO/I	OL	3,038,324,051	74,568,645	76,192,438	5,544,606				
70688	36-6071399	09/01/1989	SCOR Global Life Americas Reinsurance Co	DE	YRT/G	OL	20,255,000	304,010	310,265	158,484				
70688	36-6071399	04/01/2008	SCOR Global Life Americas Reinsurance Co	DE	YRT/I	OL	1,120,231,674	9,548,120	9,110,463	4,911,972				
64688	75-6020048	04/01/2008	SCOR Global Life Americas Reinsurance Co	DE	YRT/I	XXXL	59,508,000			19,003				
64688	75-6020048	04/01/2008	SCOR Global Life Americas Reinsurance Co	DE	YRT/I	AXXX	36,053,669	4,857	2,303	29,188				
87572	23-2038295	10/01/2002	Scottish Re	NC	ACO/I	FL		34,400,198	37,331,687	(480)				
87572	23-2038295	10/01/2002	Scottish Re	NC	CO/I	OL				11,536				
87572	23-2038295	10/01/2002	Scottish Re	NC	YRT/G	OL	756,238,497	5,556,625	5,362,288	2,913,684				
87572	23-2038295	10/01/2002	Scottish Re	NC	YRT/I	OL	931,440,610	9,501,181	9,381,638	5,783,264				
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I	FL		479,284	494,604	98,185				
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I	VGAA		2,095,468	2,168,842					
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I	VSAA		82,133,380	80,976,488	2,569,769				
68713	84-0499703	01/27/1996	Security Life of Denver	CO	YRT/G	OL	515,786,044	317,756	1,176,532	2,184,373				
68713	84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	YRT/I	OL	1,738,468,664	6,563,427	7,621,014	9,929,134				
68713	84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	YRT/I	AXXX	35,559,946	11,398,135	10,940,523	543,819				
68713	84-0499703	01/27/1996	Security Life of Denver Ins Co	CO	CO/I	OL	350,000	7,493	7,626	(274)				
68713	84-0499703	01/27/1996	Security Life of Denver Ins Co	CO	CO/I	AXXX	1,668,062,716	46,575,965	46,217,363	1,660,678				
82627	06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY	YRT/G	OL	3,085,098,599	816,772	1,900,607	5,014,345				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	NY	ACO/I	VSAA		3,614,741	2,868,442	3,102,244				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	YRT/I	OL	1,946,501,654	1,859,780	2,792,018	1,692,826				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	YRT/I	XXXL	76,526,224			104,906				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	YRT/I	AXXX	265,909,767	173,180	141,978	634,606				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	CO/I	OL	2,887,891	1,182,620	2,275,145	64,740				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	CO/I	XXXL	1,279,102,058	36,104,276	35,660,754	1,880,862				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	OTH/G	OL	213,839,000			384,919				
82627	06-0839705	06/15/1953	Swiss Re Life and Health America Inc	NY	MCO/I	OL				702				
82627	06-0839705	08/01/2005	Swiss Re Life and Health America Inc	NY	ADB/I	OL				41,020				
70688	36-6071399	02/07/2000	Transamerica Financial Life Insurance Co	NY	CO/I	VSAA								
86231	39-0989781	05/01/1997	Transamerica Life Insurance Co	IA	OTH/I	VSAA			4,974					
62596	31-0252460	01/01/1986	Union Fidelity Life Compay	IL	OTH/G	OL	280,000	5,999	8,173	6,231				
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	AMCO/I	OL							23,936,445	
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	MCO/I	OL							39,613,143	
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	OTH/I	OL	5,912,213	11,355	51,543	1,231,740				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						35,729,378,350	509,098,467	523,016,105	119,535,461	0	0	66,170,929	0

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
1099999.	Total - General Account - Authorized - Non-Affiliates						35,729,378,350	509,098,467	523,016,105	119,535,461	0	0	66,170,929	0
1199999.	Total - General Account - Authorized						35,729,378,350	798,819,694	523,016,105	627,072,950	0	0	66,170,929	388,790,181
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates														
79782	86-0262046	02/23/1972	Electric Cooperative Life Ins Co	AZ	CO/I	OL	370,616	254,653	281,879	6,718				
1999999.	Total - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates						370,616	254,653	281,879	6,718	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-3190878	07/01/2002	Wilton Reinsurance Bermuda Ltd	BMU	YRT/I	OL	20,241,430	1,020,093	927,769	152,115				
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates						20,241,430	1,020,093	927,769	152,115	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates						20,612,046	1,274,746	1,209,648	158,833	0	0	0	0
2299999.	Total - General Account - Unauthorized						20,612,046	1,274,746	1,209,648	158,833	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						35,749,990,396	800,094,440	524,225,753	627,231,783	0	0	66,170,929	388,790,181
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates														
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I	VSAA				6,241,937			367,602,356	
4299999.	Total - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates						0	0	0	6,241,937	0	0	367,602,356	0
4499999.	Total - Separate Accounts - Authorized - Non-Affiliates						0	0	0	6,241,937	0	0	367,602,356	0
4599999.	Total - Separate Accounts - Authorized						0	0	0	6,241,937	0	0	367,602,356	0
6899999.	Total - Separate Accounts - Authorized, Unauthorized and Certified						0	0	0	6,241,937	0	0	367,602,356	0
6999999.	Total U.S.						35,729,748,966	799,074,347	523,297,984	633,321,605	0	0	433,773,285	388,790,181
7099999.	Total Non-U.S.						20,241,430	1,020,093	927,769	152,115	0	0	0	0
9999999.	Total						35,749,990,396	800,094,440	524,225,753	633,473,720	0	0	433,773,285	388,790,181

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 - Affiliates - U.S. - Other													
23787	31-4177100	01/01/1996	Nationwide Mutual Insurance Company	OH	MCO/G	OH	199,702,529					78,676,295	
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						199,702,529	0	0	0	0	78,676,295	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						199,702,529	0	0	0	0	78,676,295	0
0799999.	Total - General Account - Authorized - Affiliates						199,702,529	0	0	0	0	78,676,295	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
22667	95-2371728	08/01/2003	ACE American	PA	CO/G	OH	61,177	35,603					
71439	38-1843471	07/01/2003	Assurity Life Insurance Company	NE	CO/I	STDI	814,070	55,570	5,997,039				
19518	20-4929941	04/01/2015	Catlin Insurance Company	TX	CO/G	OH	91,766	53,405					
61883	42-0884060	10/01/2002	Central United Life Insurance Company	TX	CO/I	STDI	65,499	11,960	-				
62359	36-1824600	11/01/2002	Constitution Life Insurance Company	TX	CO/I	MS	7,965,596	1,132,341	1,939,808				
00000	45-2207399	06/01/2015	Fringe Re, LLC	MT	CO/G	SLEL	354,077	340					
70939	13-2611847	01/01/2007	Gerber Life Insurance Company	NY	OTH/G	SLEL	24,093,389						
42374	74-2195939	09/24/2004	Houston Casualty Company	TX	OTH/G	OH	318,045	184,054					
10227	13-4924125	02/01/2015	Munich Reinsurance America, Inc	GA	CO/G	OH	2,937,165	1,663,236					
20087	47-0355979	08/01/2013	National Indemnity Company	NE	CO/G	S	308,878						
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	MCO/I	STDI			336,609				
38636	13-3031176	04/01/2012	Partner Reinsurance Co of the US	NY	CO/G	OH	152,943	89,008					
68209	62-0506281	07/01/1991	Provident Life & Casualty Insurance Company	TN	CO/I	STDI	729,030	-	24,224,510				
93572	43-1235868	11/15/1983	Reinsurance Group of America	MO	YRT/G	SLEL	3,456,320	3,548,369					
68381	36-0883760	04/01/2010	Reliance Standard Life Ins Co	IL	CO/G	LTDI	3,049,492		5,038,458				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	OTH/G	A	33,777						
82627	06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY	YRT/G	OH			577				
61425	36-0792925	05/01/1987	Trustmark Insurance Co (Mutual)	IL	CO/I	CMM	14,250	-	-				
62596	31-0252460	01/01/2009	Union Fidelity	PA	CO/I	STDI	3,954	93	(93)				
63479	58-0869673	04/01/1992	United Teachers Association Insurance Co	GA	CO/I	STDI	383	-	367,900				
70335	94-0971150	01/01/1994	West Coast Life	CA	OTH/G	STDI	7,280	-	-				
70335	94-0971150	01/01/1994	West Coast Life	CA	MCO/I	STDI						32,408	
90611	41-1366075	12/01/1992	Allianz Life Ins. Co. of North America	MN	CO/G	OH			98,361				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						44,457,090	6,773,978	38,003,169	0	0	32,408	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1340125	08/01/2013	Hannover Rucksversicherung AG	DEU	CO/G	OH	63,161	-					
00000	AA-1126780	12/01/2014	Lloyd's Syndicate #0780	GBR	CO/G	OH	6,816	-					
00000	AA-1127861	01/01/2013	Lloyds Syndicate #1861	GBR	OTH/G	OH	2,726	-					
00000	AA-1128003	01/01/2009	Lloyd's Syndicate #2003	GBR	CO/G	OH	6,816	-					
00000	AA-1120104	12/01/2011	Lloyds #2012	GBR	CO/G	OH	2,726	-					
00000	AA-1120104	12/01/2011	Lloyds #2012	GBR	CO/G	SLEL	181,288	4,838					
00000	AA-1120055	03/01/2010	Lloyds #3623	GBR	CO/G	OH	319,427	177,962					
00000	AA-1120055	03/01/2010	Lloyds #3623	GBR	CO/G	SLEL	453,232	12,096					
00000	AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	GBR	CO/G	OH	4,544	-					

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
00000	AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	GBR	CO/G	SLEL	302,154	8,064					
00000	AA-1127200	09/26/2011	Lloyds Syndicate Number 1200	GBR	CO/G	OH	2,726	-					
00000	AA-1127200	09/26/2011	Lloyds Syndicate Number 1200	GBR	CO/G	SLEL	181,296	4,838					
00000	AA-1128001	01/01/2009	Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd	GBR	CAT/I	OH	6,362	-					
00000	AA-1128001	01/01/2009	Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd	GBR	CAT/I	SLEL	423,013	11,290					
00000	AA-1128001	01/01/2009	Lloyd's Syndicate ANV #9208	GBR	CO/G	SLEL	181,288	4,838					
00000	AA-1120075	01/01/2009	Lloyds Syndicate Number 4020 - ARK	GBR	CAT/I	OH	13,632	-					
00000	AA-1120075	01/01/2009	Lloyds Syndicate Number 4020 - ARK	GBR	CAT/I	SLEL	906,455	24,192					
00000	AA-1127206	06/01/2006	Lloyds Syndicate CAP #1206	GBR	CO/G	OH	2,272	-					
00000	AA-1127206	06/01/2006	Lloyds Syndicate CAP #1206	GBR	CO/G	SLEL	151,077	4,032					
00000	AA-1128987	01/01/2009	Lloyd's Syndicate BRT #2987	GBR	CO/G	OH	17,040	-					
00000	AA-1128987	01/01/2009	Lloyd's Syndicate BRT #2987	GBR	CO/G	SLEL	1,133,063	30,240					
00000	AA-1126958	12/01/2014	Lloyd's Syndicate CNP #0958	GBR	CO/G	OH	454	-					
00000	AA-1126958	12/01/2014	Lloyd's Syndicate CNP #0958	GBR	CO/G	SLEL	30,211	806					
00000	AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	GBR	CO/G	OH	1,818	-					
00000	AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	GBR	CO/G	SLEL	120,866	3,226					
00000	AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	GBR	CO/G	OH	13,632	-					
00000	AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	GBR	CO/G	SLEL	906,455	24,192					
00000	AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	GBR	CO/G	OH	13,632	-					
00000	AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	GBR	CO/G	SLEL	906,455	24,192					
00000	AA-1126006	01/01/2009	Lloyds Syndicate Number 4472 - Liberty	GBR	CAT/I	OH	13,632	-					
00000	AA-1126006	01/01/2009	Lloyds Syndicate Number 4472 - Liberty	GBR	CAT/I	SLEL	906,455	24,192					
00000	AA-1127183	01/01/2009	Lloyd's Syndicate TAL #1183	GBR	CAT/I	OH	4,544	-					
00000	AA-1127183	01/01/2009	Lloyd's Syndicate TAL #1183	GBR	CAT/I	SLEL	302,147	8,064					
00000	AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	GBR	CO/G	OH	6,816	-					
00000	AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	GBR	CO/G	SLEL	453,224	12,096					
00000	AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	GBR	CO/G	OH	4,544	-					
00000	AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	GBR	CO/G	SLEL	302,154	8,064					
0999999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						8,348,158	387,221	0	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						52,805,247	7,161,200	38,003,169	0	0	32,408	0
1199999	Total - General Account - Authorized						252,507,777	7,161,200	38,003,169	0	0	78,708,703	0
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
00000	46-5556688	05/01/2015	Blue Ridge Captive Solutions	NC	CO/G	SLEL	676,780	511,081					
1999999	Total - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates						676,780	511,081	0	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3194213	10/01/2012	Roundstone Insurance	GBR	OTH/G	SLEL	41,607,237						
2099999	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates						41,607,237	0	0	0	0	0	0
2199999	Total - General Account - Unauthorized - Non-Affiliates						42,284,017	511,081	0	0	0	0	0
2299999	Total - General Account - Unauthorized						42,284,017	511,081	0	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
3499999.	Total - General Account - Authorized, Unauthorized and Certified						294,791,794	7,672,281	38,003,169	0	0	78,708,703	0
6999999.	Total - U.S.						244,836,400	7,285,060	38,003,169	0	0	78,708,703	0
7099999.	Total - Non-U.S.						49,955,394	387,221	0	0	0	0	0
9999999.	Total						294,791,794	7,672,281	38,003,169	0	0	78,708,703	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates														
79782	86-0262046.	02/23/1972	Electric Cooperative Life Ins Co	254,653	2,791		257,444			1,795,395				257,444
0899999.	Total - General Account - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates			254,653	2,791	0	257,444	0	XXX	1,795,395	0	0	0	257,444
General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-3190878.	07/01/2002	Wilton Reinsurance Bermuda Ltd	1,020,093			1,020,093	900,000						900,000
0999999.	Total - General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates			1,020,093	0	0	1,020,093	900,000	XXX	0	0	0	0	900,000
1099999.	Total - General Account - Life and Annuity - Non-Affiliates			1,274,746	2,791	0	1,277,537	900,000	XXX	1,795,395	0	0	0	1,157,444
1199999.	Total - General Account - Life and Annuity			1,274,746	2,791	0	1,277,537	900,000	XXX	1,795,395	0	0	0	1,157,444
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
00000	46-5556688.	05/01/2015	Blue Ridge Captive Solutions		404,929		404,929	500,000						404,929
1999999.	Total - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates			0	404,929	0	404,929	500,000	XXX	0	0	0	0	404,929
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-3194213.	10/01/2012	Roundstone Insurance		7,668,899		7,668,899			7,912,299				7,668,899
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates			0	7,668,899	0	7,668,899	0	XXX	7,912,299	0	0	0	7,668,899
2199999.	Total - General Account - Accident and Health - Non-Affiliates			0	8,073,828	0	8,073,828	500,000	XXX	7,912,299	0	0	0	8,073,828
2299999.	Total - General Account - Accident and Health			0	8,073,828	0	8,073,828	500,000	XXX	7,912,299	0	0	0	8,073,828
2399999.	Total - General Account			1,274,746	8,076,619	0	9,351,365	1,400,000	XXX	9,707,694	0	0	0	9,231,272
3599999.	Total - U.S.			254,653	407,720	0	662,373	500,000	XXX	1,795,395	0	0	0	662,373
3699999.	Total - Non-U.S.			1,020,093	7,668,899	0	8,688,992	900,000	XXX	7,912,299	0	0	0	8,568,899
9999999.	Total			1,274,746	8,076,619	0	9,351,365	1,400,000	XXX	9,707,694	0	0	0	9,231,272

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	1	073000228	Wachovia Bank N.A.	900,000
	1	073000228	Wells Fargo	500,000

SCHEDULE S - PART 5

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

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	928,266	414,518	385,617	327,474	322,394
2.	Commissions and reinsurance expense allowances	76,026	87,180	73,350	63,986	61,665
3.	Contract claims	314,216	333,639	296,966	300,828	336,127
4.	Surrender benefits and withdrawals for life contracts	53,346	57,983	3,571	3,444	2,977
5.	Dividends to policyholders	727	744	643	1,621	1,886
6.	Reserve adjustments on reinsurance ceded	(6,085)	(1,688)	14,006	(6,291)	(50,449)
7.	Increase in aggregate reserves for life and accident and health contracts	267,291	51,894	(7,395)	(7,646)	(10,169)
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	15,788	36,586	29,967	18,624	12,109
9.	Aggregate reserves for life and accident and health contracts	852,416	578,271	630,165	635,560	643,207
10.	Liability for deposit-type contracts	104	116	119	132	147
11.	Contract claims unpaid	35,079	37,049	33,705	20,463	22,093
12.	Amounts recoverable on reinsurance	13,456	26,591	23,112	22,266	8,728
13.	Experience rating refunds due or unpaid			16,759	7,992	6,297
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due	702	2,375	9,938	26,721	9,184
16.	Unauthorized reinsurance offset	120	28	292	74	419
17.	Offset for reinsurance with certified reinsurers					XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)	1,400	900	900	900	900
20.	Trust agreements (T)	9,708	1,795	1,792	1,789	1,786
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)	38,519,731,038		38,519,731,038
2.	Reinsurance (Line 16)	23,299,288	(23,299,288)	0
3.	Premiums and considerations (Line 15)	101,981,206	15,787,540	117,768,746
4.	Net credit for ceded reinsurance	XXX	887,833,296	887,833,296
5.	All other admitted assets (balance)	1,185,685,459		1,185,685,459
6.	Total assets excluding Separate Accounts (Line 26)	39,830,696,991	880,321,548	40,711,018,539
7.	Separate Account Assets (Line 27)	87,029,823,139		87,029,823,139
8.	Total assets (Line 28)	126,860,520,130	880,321,548	127,740,841,678
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	31,000,312,369	845,362,568	31,845,674,937
10.	Liability for deposit-type contracts (Line 3)	3,569,404,315		3,569,404,315
11.	Claim reserves (Line 4)	108,235,456	35,079,073	143,314,529
12.	Policyholder dividends/reserves (Lines 5 through 7)	50,949,436		50,949,436
13.	Premium & annuity considerations received in advance (Line 8)	4,133,969		4,133,969
14.	Other contract liabilities (Line 9)	141,876,440		141,876,440
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	120,093	(120,093)	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)	389,143,322		389,143,322
20.	Total liabilities excluding Separate Accounts (Line 26)	35,264,175,400	880,321,548	36,144,496,948
21.	Separate Account liabilities (Line 27)	87,029,823,139		87,029,823,139
22.	Total liabilities (Line 28)	122,293,998,539	880,321,548	123,174,320,087
23.	Capital & surplus (Line 38)	4,566,521,591	XXX	4,566,521,591
24.	Total liabilities, capital & surplus (Line 39)	126,860,520,130	880,321,548	127,740,841,678
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	845,362,568		
26.	Claim reserves	35,079,073		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	23,299,288		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	903,740,929		
34.	Premiums and considerations	15,787,540		
35.	Reinsurance in unauthorized companies	120,093		
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	15,907,633		
41.	Total net credit for ceded reinsurance	887,833,296		

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	6,829,989	4,586,608				11,416,597
2.	Alaska AK	214,024	1,475,888				1,689,912
3.	Arizona AZ	26,509,962	19,296,349				45,806,311
4.	Arkansas AR	1,910,787	2,928,418				4,839,205
5.	California CA	153,192,524	42,039,169				195,231,693
6.	Colorado CO	16,553,655	14,178,834				30,732,489
7.	Connecticut CT	403,520,990	24,174,232				427,695,222
8.	Delaware DE	132,956,329	3,674,227				136,630,556
9.	District of Columbia DC	3,267,086	3,517,564				6,784,650
10.	Florida FL	84,573,828	49,477,042				134,050,870
11.	Georgia GA	36,002,171	12,304,490				48,306,661
12.	Hawaii HI	2,202,789	6,062,964				8,265,753
13.	Idaho ID	1,787,340	2,204,867				3,992,207
14.	Illinois IL	77,192,636	29,801,912				106,994,548
15.	Indiana IN	13,357,251	8,505,548				21,862,799
16.	Iowa IA	1,658,374	2,797,828				4,456,202
17.	Kansas KS	5,117,662	3,374,276				8,491,938
18.	Kentucky KY	11,319,988	8,119,751				19,439,739
19.	Louisiana LA	2,518,605	3,257,918				5,776,523
20.	Maine ME	4,298,117	1,525,175				5,823,292
21.	Maryland MD	22,379,494	15,346,918				37,726,412
22.	Massachusetts MA	392,634,843	59,131,242				451,766,085
23.	Michigan MI	26,498,556	22,625,084				49,123,640
24.	Minnesota MN	28,926,071	6,053,528				34,979,599
25.	Mississippi MS	3,668,688	2,550,402				6,219,090
26.	Missouri MO	24,345,155	7,889,989				32,235,144
27.	Montana MT	380,989	1,631,391				2,012,380
28.	Nebraska NE	1,070,455	1,759,459				2,829,914
29.	Nevada NV	1,044,358	2,373,838				3,418,196
30.	New Hampshire NH	2,203,438	7,117,807				9,321,245
31.	New Jersey NJ	52,111,192	27,444,123				79,555,315
32.	New Mexico NM	562,081	4,695,739				5,257,820
33.	New York NY	165,749,789	68,776,903				234,526,692
34.	North Carolina NC	128,050,281	17,020,409				145,070,690
35.	North Dakota ND	23,951,483	267,613				24,219,096
36.	Ohio OH	57,531,280	31,889,405			548,334,800	637,755,485
37.	Oklahoma OK	4,701,521	4,826,109				9,527,630
38.	Oregon OR	2,713,173	8,756,332				11,469,505
39.	Pennsylvania PA	62,129,181	56,786,463				118,915,644
40.	Rhode Island RI	9,646,937	3,236,794				12,883,731
41.	South Carolina SC	11,453,783	5,008,872				16,462,655
42.	South Dakota SD	855,906	563,464				1,419,370
43.	Tennessee TN	12,109,314	7,735,213				19,844,527
44.	Texas TX	54,186,429	29,622,467				83,808,896
45.	Utah UT	5,951,552	3,577,353				9,528,905
46.	Vermont VT	2,770,573	1,925,869				4,696,442
47.	Virginia VA	23,332,410	14,170,318				37,502,728
48.	Washington WA	3,097,001	15,387,952				18,484,953
49.	West Virginia WV	4,838,172	5,177,193				10,015,365
50.	Wisconsin WI	5,535,311	8,579,601				14,114,912
51.	Wyoming WY	2,107,416	1,372,363				3,479,779
52.	American Samoa AS	29,852					29,852
53.	Guam GU	1,001					1,001
54.	Puerto Rico PR	347,223	2,504,232				2,851,455
55.	US Virgin Islands VI	40,550					40,550
56.	Northern Mariana Islands MP						0
57.	Canada CAN	87,286					87,286
58.	Aggregate Other Alien OT	831,360	45,311				876,671
59.	Totals	2,122,858,211	689,152,816	0	0	548,334,800	3,360,345,827

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 *
Members														
0140	Nationwide		31-1486309	4590018		0	10 W. Nationwide, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4810074		0	1000 Yard Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4594954		0	101 N Twentieth St, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4869474		0	1015 Long Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4810047		0	1050 Yard Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4810038		0	1125 Rail Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1733036	4594963		0	120 Acre Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd	ownership	95.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		26-2451988	4288132		0	1492 Capital, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4810083		0	155 Rivulon Boulevard, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4810092		0	275 Rivulon Boulevard, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590835		0	400 West Nationwide Boulevard, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591140		0	425 West Nationwide Boulevard, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4595009		0	44 Chestnut, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4890843		0	75 Rivulon Boulevard, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590497		0	775 Yard Street Restaurant, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590750		0	775 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4810104		0	780 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4671583		0	795 Rail Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590602		0	800 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4671499		0	800 Goodale Boulevard, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4671789		0	800 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590778		0	805 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4890834		0	808 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4869465		0	820 Goodale Boulevard, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4890759		0	840 Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590611		0	845 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590787		0	850 Goodale Blvd., LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4903921		0	860 Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4903912		0	880 Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590714		0	895 W. Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4810029		0	975 Rail Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1680808	4594833		0	AD Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	60.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-1580283	4590992		0	ADTV, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		52-2227314	42877247		0	AGMC Reinsurance, Ltd	TCA	IA	Nationwide Advantage Mortgage Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		42-1011300	4287229		0	ALLIED General Agency Company	IA	IA	AMCO Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		42-0958655	1677548		0	ALLIED Group, Inc	IA	IA	Allied Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	

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 *
0140	Nationwide		46-4628790	4613462		0	Allied Holdings (Delaware), Inc.	DE	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10127	27-0114983	4288169		0	ALLIED Insurance Company of America	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	42579	42-1201931	4287144		0	ALLIED Property and Casualty Insurance Company	IA	IA	ALLIED Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		42-1527863	4287238		0	ALLIED Texas Agency, Inc.	TX	IA	AMCO Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	19100	42-6054959	4287153		0	AMCO Insurance Company	IA	IA	ALLIED Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		59-1031596	4288011		0	American Marine Underwriters, Inc.	FL	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4595036		0	Anderson Meadows, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591177		0	Arena District CA I, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
	0		90-0280710	n/a		0	Arena District Owners Association	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		26-4083207	4869447		0	Berkshire Crossing Development, LLC	DE	NIA	NorthStar Commercial Development, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1184438	4594842		0	Boulevard Inn Limited Liability Company	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	94.800	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-1555487	4593658		0	Broad Street Retail, LLC	DE	NIA	Nationwide Realty Investors, Ltd.	ownership	60.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		20-3624379	4595531		0	Brooke School Investment Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-0899413	3730540		0	CHP New Markets Investment Fund, LLC	OH	OTH	Nationwide Mutual Insurance Company	Limited partner /no control	50.000	other non-Nationwide	1
0140	Nationwide		20-1618232	4595241		0	CNRI-Cannonsport Condominium, LLC	OH	NIA	CNRI-Cannonsport, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-1618232	4595045		0	CNRI- Cannonsport, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	
	0		n/a	n/a		0	Co-Investment Fund, LLC	DE	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		31-1579973	2998688		0	COLHOC Limited Partnership	OH	NIA	NRI Arena, LLC	ownership	30.757	Other non-Nationwide	2
0140	Nationwide	29262	74-1061659	4288057		0	Colonial County Mutual Insurance Company	TX	IA	Other non-Nationwide	contract		Other non-Nationwide	2
	0		45-4901238	n/a		0	Columbus Arena Management, LLC	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		04-3750770	4595951		0	Continental/North Shore I, L.P.	OH	NIA	Continental/NRI North Shore Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-0366090	3327212		0	Continental/North Shore II, L.P.	OH	NIA	Continental/NRI North Shore Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-0142724	4588177		0	Continental/NRI North Shore Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	50.500	Nationwide Mutual Insurance Company	1
0140	Nationwide	18961	68-0066866	4288178		0	Crestbrook Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4590255		0	Crewville, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	42587	42-1207150	4287162		0	Depositors Insurance Company	IA	IA	ALLIED Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
	0		46-4104813	n/a		0	Discover Affordable Housing Investment Fund I LLC	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		33-0096671	4287694		0	DVM Insurance Agency	CA	NIA	Veterinary Pet Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	15821	47-4523959	4890825		0	Eagle Captive Reinsurance, LLC	OH	IA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-1945276	4590590		0	East of Madison, LLC	DE	NIA	120 Acre Partners, Ltd.	ownership	24.910	Nationwide Mutual Insurance Company	1
0140	Nationwide		20-1945276	4590590		0	East of Madison, LLC	DE	NIA	ND La Quinta Partners, LLC	ownership	76.090	Nationwide Mutual Insurance Company	1
0140	Nationwide		20-5268940	4595689		0	ELH Investment Fund LLC	DE	OTH	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide	13838	42-0618271	4569372		0	Farmland Mutual Insurance Company	IA	OTH	Other non-Nationwide	debt		Other non-Nationwide	2
0140	Nationwide	22209	75-6013587	4287676		0	Freedom Specialty Insurance Company	OH	IA	Scottsdale Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	

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	0		46-4736379	n/a		0	GPN-1 Property Owners Association, Inc.	OH	OTH	Other non-Nationwide	n/a		other non-Nationwide	2
0140	Nationwide		20-4939866	4590808		0	Grandview Yard Hotel Holdings, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590826		0	Grandview Yard Hotel, LLC	OH	NIA	Grandview Yard Hotel Holdings, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		51-0241172	3582909		0	Harleysville Group Inc.	DE	NIA	Allied Holdings (Delaware), Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	23582	41-0417250	4442260		0	Harleysville Insurance Company	PA	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	42900	16-1075588	4442158		0	Harleysville Insurance Company of New Jersey	NJ	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10674	23-2864924	4442242		0	Harleysville Insurance Company of New York	PA	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	14516	38-3198542	4442251		0	Harleysville Lake States Insurance Company	MI	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	64327	23-1580983	4440659		0	Harleysville Life Insurance Company	PA	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	35696	23-2384978	4442288		0	Harleysville Preferred Insurance Company	PA	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	26182	04-1989660	4442372		0	Harleysville Worcester Insurance Company	PA	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		32-0051216	4596903		0	Hideaway Properties Corp.	CA	OTH	Nationwide Realty Investors, Ltd.	ownership	50.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-0871532	4288020		0	Insurance Intermediaries, Inc.	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4097802		0	Jerome Village Company, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	
	0		46-2974590	n/a		0	Jerome Village Master Property Owners Association, Inc.	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
	0		46-2956640	n/a		0	Jerome Village Residential Property Owners Association, Inc.	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		31-1486309	4590312		0	JV Developers, LLC	OH	OTH	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		56-3789187	4286969		0	Life REO Holdings, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		74-1395229	4288039		0	Lone Star General Agency, Inc.	TX	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	11991	38-0865250	4288187		0	National Casualty Company	WI	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		AC000920	4614900		0	National Casualty Company of America, Ltd.	GBR	IA	National Casualty Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		42-1154244	2889795		0	Nationwide Advantage Mortgage Company	IA	NIA	AMCO Insurance Company	ownership	87.300	Nationwide Mutual Insurance Company	1
0140	Nationwide		42-1154244	2889795		0	Nationwide Advantage Mortgage Company	IA	NIA	ALLIED Property & Casualty Insurance Company	ownership	8.470	Nationwide Mutual Insurance Company	1
0140	Nationwide		42-1154244	2889795		0	Nationwide Advantage Mortgage Company	IA	NIA	Depositors Insurance Company	ownership	4.230	Nationwide Mutual Insurance Company	1
0140	Nationwide	26093	48-0470690	4288196		0	Nationwide Affinity Insurance Company of America	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	28223	42-1015537	4288208		0	Nationwide Agribusiness Insurance Company	IA	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1578869	4288075		0	Nationwide Arena, LLC	OH	NIA	NRI Arena, LLC	ownership	90.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		20-8670712	4288114		0	Nationwide Asset Management, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10723	95-0639970	4288217		0	Nationwide Assurance Company	WI	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1592130	2729677		0	Nationwide Bank	OH	OTH	Nationwide Financial Services, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		31-1036287	4288123		0	Nationwide Cash Management Company	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-4416546	3828081		0	Nationwide Corporation	OH	NIA	Nationwide Mutual Insurance Company	ownership	95.200	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-4416546	3828081		0	Nationwide Corporation	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	4.800	Nationwide Mutual Insurance Company	1

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0140	Nationwide		04-3679407	4286839		0	Nationwide Emerging Managers, LLC	DE	NIA	NWD Investment Management, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		05-0630007	4288048		0	Nationwide Exclusive Agent Risk Purchasing Group, LLC	OH	NIA	Insurance Intermediaries, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1667326	4286932		0	Nationwide Financial Assignment Company	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		23-2412039	4287087		0	Nationwide Financial General Agency, Inc.	PA	NIA	NFS Distributors, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1316276	4287069		0	Nationwide Financial Institution Distributors Agency, Inc.	DE	NIA	NFS Distributors, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-6554353	4286978		0	Nationwide Financial Services Capital Trust	DE	NIA	Nationwide Financial Services, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486870	3828063		0	Nationwide Financial Services, Inc.	DE	UDP	Nationwide Corporation	ownership	100.000	Nationwide Mutual Insurance Company	
	0		31-6022301	n/a		0	Nationwide Foundation	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		52-6969857	4286996		0	Nationwide Fund Advisors	DE	NIA	Nationwide Financial Services, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1748721	42877050		0	Nationwide Fund Distributors LLC	DE	NIA	NFS Distributors, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-0900518	4287041		0	Nationwide Fund Management LLC	DE	NIA	NFS Distributors, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	23760	31-4425763	4287957		0	Nationwide General Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1570938	4286398		0	Nationwide Global Holdings, Inc.	OH	NIA	Nationwide Corporation	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		04-3732385	4286857		0	Nationwide Global Ventures, Inc.	DE	NIA	Nationwide Asset Management Holdings, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10070	31-1399201	2839398		0	Nationwide Indemnity Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	25453	95-2130882	4287180		0	Nationwide Insurance Company of America	WI	IA	ALLIED Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10948	31-1613686	4287966		0	Nationwide Insurance Company of Florida	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		41-2206199	4286950		0	Nationwide Investment Advisors, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		73-0988442	4286923		0	Nationwide Investment Services Corporation	OK	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	92657	31-1000740	2995098		0	Nationwide Life and Annuity Insurance Company	OH	IA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	66869	31-4156830	2819288		0	Nationwide Life Insurance Company	OH	RE	Nationwide Financial Services, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		13-4212969	4596127		0	Nationwide Life Tax Credit Partners 2002-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		01-0749754	4595960		0	Nationwide Life Tax Credit Partners 2002-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		03-0498148	3262573		0	Nationwide Life Tax Credit Partners 2002-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		54-2113175	4596127		0	Nationwide Life Tax Credit Partners 2003-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		58-2672725	4596163		0	Nationwide Life Tax Credit Partners 2003-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-0357951	3811001		0	Nationwide Life Tax Credit Partners 2003-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-0382144	4596707		0	Nationwide Life Tax Credit Partners 2004-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-0745944	4596211		0	Nationwide Life Tax Credit Partners 2004-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-0745965	4596239		0	Nationwide Life Tax Credit Partners 2004-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-1128408	4596332		0	Nationwide Life Tax Credit Partners 2004-D, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-1128472	4596350		0	Nationwide Life Tax Credit Partners 2004-E, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-1918935	3318117		0	Nationwide Life Tax Credit Partners 2004-F, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2303694	4596369		0	Nationwide Life Tax Credit Partners 2005-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2303602	4596378		0	Nationwide Life Tax Credit Partners 2005-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	2

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0140	Nationwide		20-2450960	4596387		0	Nationwide Life Tax Credit Partners 2005-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2451052	4596396		0	Nationwide Life Tax Credit Partners 2005-D, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2774223	4596408		0	Nationwide Life Tax Credit Partners 2005-E, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		21-1288836	4596426		0	Nationwide Life Tax Credit Partners 2007-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427373	4596435		0	Nationwide Life Tax Credit Partners 2009-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427435	4596444		0	Nationwide Life Tax Credit Partners 2009-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427479	4596499		0	Nationwide Life Tax Credit Partners 2009-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427525	4596510		0	Nationwide Life Tax Credit Partners 2009-D, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-4737055	4596529		0	Nationwide Life Tax Credit Partners 2009-E, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-4737157	4596547		0	Nationwide Life Tax Credit Partners 2009-F, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-1362364	4596622		0	Nationwide Life Tax Credit Partners 2009-I, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		45-0469525	3779811		0	Nationwide Life Tax Credit Partners No. 1, LLC	OH	NIA	Nationwide Life Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide	42110	75-1780981	4287984		0	Nationwide Lloyds	TX	IA	n/a	contract		Nationwide Mutual Insurance Company	2
0140	Nationwide		42-1373380	4287210		0	Nationwide Member Solutions Agency Inc	IA	NIA	ALLIED Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		n/a	4597094		0	Nationwide Mutual Capital I, LLC	DE	NIA	Nationwide Mutual Capital, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		75-3191025	4595269		0	Nationwide Mutual Capital, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	23779	82-0549218	3828090		0	Nationwide Mutual Fire Insurance Company	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide	23787	31-4177100	3828072		0	Nationwide Mutual Insurance Company	OH	UIP	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		34-2012765	4288084		0	Nationwide Private Equity Fund, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	37877	31-0970750	4287993		0	Nationwide Property and Casualty Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4288105		0	Nationwide Realty Investors, Ltd	OH	NIA	Nationwide Mutual Insurance Company	ownership	96.800	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-1486309	4288105		0	Nationwide Realty Investors, Ltd	OH	NIA	Nationwide Indemnity Company	ownership	3.200	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-1486309	4590264		0	Nationwide Realty Management, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		n/a	4288066		0	Nationwide Realty Services, Ltd	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		73-0948330	4287096		0	Nationwide Retirement Solutions, Inc	DE	NIA	NFS Distributors, Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		36-2434406	4287078		0	Nationwide Securities, LLC	OH	NIA	NFS Distributors, Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-4177100	4288093		0	Nationwide Services Company, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-0743545	4564041		0	Nationwide Tax Credit Partners 2009-G, LLC	OH	NIA	Nationwide Mutual Insurance Company	other	.0.010	Nationwide Mutual Insurance Company	1
0140	Nationwide		27-0768791	4596891		0	Nationwide Tax Credit Partners 2009-H, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-1952215	4596566		0	Nationwide Tax Credit Partners 2013-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	.0.010	Nationwide Mutual Insurance Company	1
0140	Nationwide		46-1971926	4596592		0	Nationwide Tax Credit Partners 2013-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	.0.010	Nationwide Mutual Insurance Company	1
0140	Nationwide		20-5976272	4595910		0	Nationwide Ventures, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		11-3651828	4588168		0	ND La Quinta Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd	ownership	95.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		0	4286866		0	Newhouse Capital Partners II, LLC	DE	NIA	Nationwide Global Ventures, Inc	ownership	80.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		0	4286866		0	Newhouse Capital Partners II, LLC	DE	NIA	Nationwide Global Ventures, Inc	ownership	99.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		0	4286679		0	Newhouse Capital Partners, LLC	DE	NIA	NWD Investment Management, Inc	ownership	19.000	Nationwide Mutual Insurance Company	1

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0140	Nationwide		0	4286679		0	Newhouse Capital Partners, LLC	DE	NIA	Nationwide Mutual Insurance Company	ownership	70.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		0	4286679		0	Newhouse Capital Partners, LLC	DE	NIA	Nationwide Mutual Fire Insurance Company	ownership	10.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		38-3660659	4287032		0	NFS Distributors, Inc	DE	NIA	Nationwide Financial Services, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		14-1892640	4596677		0	NHT XII Tax Credit Fund, LLC	DC	NIA	Nationwide Life Insurance Company	ownership	49.990	Nationwide Mutual Insurance Company	1
0140	Nationwide		14-1892640	4596677		0	NHT XII Tax Credit Fund, LLC	DC	NIA	Nationwide Assurance Company	ownership	25.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		14-1892640	4596677		0	NHT XII Tax Credit Fund, LLC	DC	NIA	Nationwide Mutual Insurance Company	ownership	25.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		46-3762545	4750442		0	NNOV8, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
	0		26-0351004	n/a		0	North Bank Condominium Home Owners Association	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		20-4939866	4590817		0	North of Third, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-4083207	4590385		0	Northstar Commercial Development, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	50.000	Nationwide Mutual Insurance Company	1
	0		61-1753500	n/a		0	Northstar Master Property Owners Association, Inc.	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		26-4083354	4594909		0	Northstar Residential Development, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	50.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-1486309	4594794		0	NRI Arena, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4594815		0	NRI Brooksedge, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4595027		0	NRI Builders, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4590246		0	NRI Communities/Harris Blvd., LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4590282		0	NRI Cramer Creek, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	4590460		0	NRI Equity Land Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	80.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		26-0212217	4590394		0	NRI Equity Tampa, LLC	OH	OTH	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		31-1486309	4590376		0	NRI Maxtown, LLC	OH	OTH	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		30-4939866	4590406		0	NRI Office Ventures, Ltd	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4596912		0	NRI Telecom, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4590349		0	NRI-Rivulon, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-4083354	4869456		0	NS Developers, LLC	OH	NIA	Northstar Residential Development, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-3123274	4595438		0	NTCIF-2011 Georgia State Investor, LLC	OH	NIA	Nationwide Property and Casualty Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		90-0729552	4596695		0	NTCIF-2011, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	50.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		90-0729552	4596695		0	NTCIF-2011, LLC	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	50.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		27-4700627	4596716		0	NTCP 2011-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	1
0140	Nationwide		46-0741029	4464703		0	NTCP 2012-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	1
0140	Nationwide		46-3309896	4586164		0	NTCP 2013-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	1
0140	Nationwide		46-4111078	4596743		0	NTCP 2014-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	1
0140	Nationwide		47-1404116	4802734		0	NTCP 2014-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-1413242	4809948		0	NTCP 2014-C, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-3909345	4869483		0	NTCP 2015-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-4148470	4890807		0	NTCP 2015-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	

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0140	Nationwide		81-0936428			0	NW Private Debt, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-1903919	4591421		0	NW REI, LLC	DE	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-3654078	4593621		0	NW-Amesbury, LLC	OH	NIA	NE-REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-2943666	4594860		0	NW-Bandera, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5159092	4595063		0	NW-Bayshore, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-2451156	4594879		0	NW-Bee Cave, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-4999493	4902223		0	NW-Belleview, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-3707480	4593612		0	NW-Brooklyn, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-3968244	4591757		0	NW-Camelback, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-2724980	4591690		0	NW-Cameron, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-3674167	4590090		0	NW-Cedar Springs, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-3994437	4591663		0	NW-Central Station, LLC	OH	NIA	NE-REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-0901660	4505456		0	NW-CNC Coppell, LLC	DE	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		32-0359208	4595157		0	NW-Corvallis, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591038		0	NWD 205 Vine, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591261		0	NWD 225 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591056		0	NWD 230 West, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590545		0	NWD 240 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590273		0	NWD 250 Brodbelt, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590554		0	NWD 265 Neil, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590518		0	NWD 275 Marconi, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590563		0	NWD 295 McConnell, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590509		0	NWD 300 Neil, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590572		0	NWD 300 Spring, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590527		0	NWD 355 McConnell, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590581		0	NWD 425 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4590536		0	NWD 500 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591298		0	NWD Arena Crossing, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591083		0	NWD Arena District I, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591300		0	NWD Arena District II, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591113		0	NWD Arena District MM, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591319		0	NWD Arena District PW, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591131		0	NWD Arena District V, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		04-3679396	4286848		0	NWD Asset Management Holdings, Inc.	DE	NIA	NWD Investment Management, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4591328		0	NWD Athletic Club, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		30-0876022	4810010		0	NWD Franklinton, LLC	DE	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	

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0140	Nationwide		31-1636299	4286594		0	NWD Investment Management, Inc.	DE	NIA	Nationwide Corporation	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	4587965		0	NWD Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	80.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		47-4036460	4869492		0	NW-Deerfield, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	74.030	Nationwide Mutual Insurance Company	1
0140	Nationwide		47-4036460	4869492		0	NW-Deerfield, LLC	OH	NIA	Nationwide Life and Annuity Insurance Company	ownership	24.970	Nationwide Mutual Insurance Company	1
0140	Nationwide		90-0732898	4591430		0	NW-Dulles, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-3267884	4595465		0	NW-Franklin Mills, LLC	OH	NIA	Life Reo Holdings, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-2997049	4591775		0	NW-Howell Mill, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-4330384	4750443		0	NW-Hudnall, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-2482818	4810122		0	NW-Jasper WAG, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-1497429	4809957		0	NW-Jefferson, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5408178	4591458		0	NW-Kentwood Towne Center, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-4857522	4671798		0	NW-Lawrence, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5314607	4593461		0	NW-Lovers Lane, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-2457568	4591467		0	NW-Montrose, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-4630497	4593470		0	NW-Mueller II, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749848	4591476		0	NW-Northridge, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-1089165	4593555		0	NW-Oakley Station, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-4706924	4902214		0	NW-Olathe, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-3888719	4593603		0	NW-Park 288, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5388656	4591485		0	NW-Park Memorial, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-1740812	4809966		0	NW-Peachtree, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-2469044	4591494		0	NW-Portales, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-2449044	4810113		0	NW-Promenade at Madison, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5159117	4593573		0	NW-South Park, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749587	4593582		0	NW-Taylor Farmer Jack, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-1100378	4591524		0	NW-Triangle, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-5764783	4809939		0	NW-Tysons, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-1077615	4593591		0	NW-West Ave., LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-4992444	4671800		0	NW-Windcross, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-0947092	4590479		0	OCH Company, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-0947092	4590442		0	Ohio Center Hotel Company, Limited	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	55.250	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-0947092	4590442		0	Ohio Center Hotel Company, Limited	OH	NIA	OCH Company, LLC	ownership	1.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		26-0263012	n/a		0	Old Track Street Owners Association, Inc.	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide	13999	27-1712056	4286914		0	Olentangy Reinsurance, LLC	VT	IA	Nationwide Life and Annuity Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		47-1923444	4809975		0	On Your Side Nationwide Insurance Agency, Inc.	OH	OTH	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	2

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0140	Nationwide		n/a	4596462		0	OYS Fund LLC	DE	OTH	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		n/a	4596480		0	Park 288 Industrial, LLC	TX	NIA	Nationwide Mutual Insurance Company	Investor member / no control	95.000	other non-Nationwide	1
0140	Nationwide		31-1486309	4590358		0	Perimeter A, Ltd	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		39-1907217	4287201		0	Premier Agency, Inc	IA	NIA	ALLIED Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		75-2938844	4287005		0	Registered Investment Advisors Services, Inc	TX	NIA	Nationwide Financial Services, Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		82-0549218	4288244		0	Retention Alternatives Ltd	BMU	IA	Nationwide Mutual Fire Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		n/a	4595278		0	Riverview Diversified Opportunities, LLC	DE	OTH	Nationwide Mutual Insurance Company	ownership		Nationwide Mutual Insurance Company	2
0140	Nationwide		n/a	4595278		0	Riverview Diversified Opportunities, LLC	DE	OTH	Nationwide Mutual Fire Insurance Company	ownership		Nationwide Mutual Insurance Company	2
0140	Nationwide		n/a	4595278		0	Riverview Diversified Opportunities, LLC	DE	OTH	Nationwide Life Insurance Company	ownership		Nationwide Mutual Insurance Company	2
0140	Nationwide		22-3655264	4286530		0	Riverview International Group, Inc	DE	NIA	NWD Investment Management, Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		n/a	4595287		0	Riverview Multi Series Fund, LL - Class Event	DE	OTH	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		n/a	4595335		0	Riverview Multi Series Fund, LL - Class N	DE	OTH	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		n/a	4564032		0	Riverview Polyphony Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide	15580	31-1117969	4288002		0	Scottsdale Indemnity Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	41297	31-1024978	3091988		0	Scottsdale Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10672	86-0835870	4287649		0	Scottsdale Surplus Lines Insurance Company	AZ	IA	Scottsdale Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	4590303		0	Streets of Toringdon, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		91-2158214	n/a		0	The Hideaway Club	CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		86-1094799	n/a		0	The Hideaway Owners Association	CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		20-3541511	n/a		0	The Madison Club	CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		20-3541507	n/a		0	The Madison Club Owners Association	CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
0140	Nationwide		31-1610040			0	The Waterfront Partners, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	50.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		52-2031677	4287751		0	THI Holdings (Delaware), Inc	DE	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		74-2825853	4287863		0	Titan Auto Insurance of New Mexico, Inc	NM	IA	THI Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	13242	74-2286759	4287797		0	Titan Indemnity Company	TX	IA	THI Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	36269	86-0619597	4287845		0	Titan Insurance Company	MI	IA	Titan Indemnity Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		75-1284530	4287890		0	Titan Insurance Services, Inc	TX	NIA	THI Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		33-0160222	4653196		0	V.P.I. Services, Inc	CA	NIA	Veterinary Pet Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	42285	95-3750113	4287685		0	Veterinary Pet Insurance Company	CA	IA	Scottsdale Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10644	34-1785903	4287911		0	Victoria Automobile Insurance Company	OH	IA	Victoria Fire & Casualty Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	42889	34-1394913	4287827		0	Victoria Fire & Casualty Company	OH	IA	THI Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10778	34-1842604	4287920		0	Victoria National Insurance Company	OH	IA	Victoria Fire & Casualty Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10105	34-1777972	4287939		0	Victoria Select Insurance Company	OH	IA	Victoria Fire & Casualty Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10777	34-1842602	4287948		0	Victoria Specialty Insurance Company	OH	IA	Victoria Fire & Casualty Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	37150	86-0561941	4287667		0	Western Heritage Insurance Company	AZ	IA	Scottsdale Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	

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0140.....	Nationwide.....	.....	n/a.....	4613341.....	.....	0.....	Westport Capital Partners II.....	CT.....	OTH.....	Nationwide Mutual Insurance Company Nationwide Defined Benefit Master Trust	Investor member / no control	.....71.000	other non-Nationwide.....	2.....
0140.....	Nationwide.....	.....	31-1486309..	4590321.....	.....	0.....	Wilson Road Developers, LLC.....	OH.....	NIA.....	Nationwide Realty Investors, Ltd.....	ownership.....	...100.000	Nationwide Mutual Insurance Company.....	.....
0140.....	Nationwide.....	.....	n/a.....	4613323.....	.....	0.....	Zais Zephyr A-4, LLC.....	DE.....	OTH.....	Nationwide Life Insurance Company.....	limited member / no control	.....60.000	other non-Nationwide.....	2.....

Asterisk	Explanation
1	For the purposes of this schedule, Nationwide presumed control of these entities because they are owned by at least 10% and are not wholly-owned by a Nationwide entity.
2	Other ownership indicates a non-ownership circumstance by a Nationwide entity.

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												
	26-2451988	1492 Capital, LLC	(200,000,000)	16,620,035							(183,379,965)	
	42-0958655	Allied Group, Inc.		360,788,504							360,788,504	
10127	27-0114983	Allied Insurance Company Of America							*		0	17,968,686
42579	42-1201931	Allied Property And Casualty Insurance Company		(47,206,348)					*		(47,206,348)	1,037,587,890
19100	42-6054959	Amco Insurance Company		(180,486,674)				(213,767,683)	*		(394,254,357)	1,739,930,893
	20-3624379	BCCS Investment Fund LLC	6,623	85,915							92,538	
29262	74-1061659	Colonial County Mutual Insurance Company									0	315,852,904
18961	68-0066866	Crestbrook Insurance Company	(9,000,000)						*		(9,000,000)	58,732,504
42587	42-1207150	Depositors Insurance Company		(22,345,600)					*		(22,345,600)	810,086,971
15821	47-4523959	Eagle Captive Reinsurance, LLC	(60,000,000)	50,000,000							(10,000,000)	(289,721,227)
	20-5268940	ELH Investment Fund LLC	9,727	171,050							180,777	
13838	42-0618271	Farmland Mutual Insurance Company	(30,000)						*		(30,000)	75,897,289
22209	75-6013587	Freedom Specialty Insurance Company									0	226,361,811
23582	41-0417250	Harleysville Insurance Company							*		0	439,931,062
42900	16-1075588	Harleysville Insurance Company Of New Jersey									0	282,517,590
10674	23-2864924	Harleysville Insurance Company Of New York							*		0	406,024,733
14516	38-3198542	Harleysville Lake States Insurance Company							*		0	160,372,994
35696	23-2384978	Harleysville Preferred Insurance Company							*		0	509,091,445
26182	04-1989660	Harleysville Worcester Insurance Company							*		0	709,662,692
	20-2137188	Leaguers Investment Fund LLC	8,529	45,620							54,149	
11991	38-0865250	National Casualty Company									0	1,410,549,455
	42-1154244	Nationwide Advantage Mortgage Company		(36,905,267)							(36,905,267)	
26093	48-0470690	Nationwide Affinity Insurance Company Of America							*		0	910,095,576
28223	42-1015537	Nationwide Agribusiness Insurance Company						(221,195,280)	*		(221,195,280)	1,387,736,823
	20-8670712	Nationwide Asset Management, LLC	(10,000,000)								(10,000,000)	
10723	95-0639970	Nationwide Assurance Company									0	24,329,870
	31-1486870	Nationwide Financial Services, Inc.		53,700,000						395,000,000	448,700,000	
23760	31-4425763	Nationwide General Insurance Company							*		0	666,953,826
10070	31-1399201	Nationwide Indemnity Company	(50,000,000)								(50,000,000)	(409,625,618)
25453	95-2130882	Nationwide Insurance Company Of America		(112,966,382)							(112,966,382)	882,991,379
10948	31-1613686	Nationwide Insurance Company Of Florida									0	131,183
92657	31-1000740	Nationwide Life And Annuity Insurance Company	44,994	227,536,238	237,998,232		(220,485,729)				245,093,735	1,512,049,309
66869	31-4156830	Nationwide Life Insurance Company	60,360,664	(332,226,779)	201,167,297		(661,680,101)			(395,000,000)	(1,127,378,919)	136,874,866
	20-0357951	Nationwide Life Tax Credit Partners 2003 - C LLC	(360,664)								(360,664)	
42110	75-1780981	Nationwide Lloyds									0	44,257,975
	75-3191025	Nationwide Mutual Capital, LLC	(6,934,305)								(6,934,305)	
23779	82-0549218	Nationwide Mutual Fire Insurance Company	643,396	(651,620)					*		(8,224)	(795,618,219)
23787	31-4177100	Nationwide Mutual Insurance Company	573,414,058	(164,078,547)	(439,165,529)		882,165,830	764,758,328	*		1,617,094,140	(15,052,042,418)
	34-2012765	Nationwide Private Equity Fund, LLC	(21,220,080)	3,532,326							(17,687,754)	
37877	31-0970750	Nationwide Property And Casualty Insurance Company						(329,795,365)	*		(329,795,365)	1,466,646,072
	31-1486309	Nationwide Realty Investors, Ltd	17,113	5,250,000							5,267,113	

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)
	46-4111078	Nationwide Tax Credit Partners 2014 - A LLC		564,612							564,612	
	47-1413242	Nationwide Tax Credit Partners 2014 - C LLC		7,293,361							7,293,361	
	47-3909345	Nationwide Tax Credit Partners 2015 - A LLC		1,000							1,000	
	47-4148470	Nationwide Tax Credit Partners 2015 - B LLC		667,806							667,806	
	90-0729552	NTCIF-2011, LLC	(564,612)	1,303,240							738,628	
	47-4036460	NW - Deerfield, LLC	(44,994)	2,463,762							2,418,768	
	26-1903919	NW REI, LLC	(138,150,449)	33,767,580							(104,382,869)	
	31-1636299	NWD Investment Management Inc		9,521,542							9,521,542	
13999	27-1712056	Olentangy Reinsurance, LLC		(10,000,000)							(10,000,000)	(1,359,202,948)
		OYS Fund LLC	(41,000,000)	73,500,000							32,500,000	
	20-1169305	Prisma Polyphony Fund, LLC	(9,000,000)								(9,000,000)	
	47-4963563	Rothschild Special Opportunities Fund, LLC		60,000,000							60,000,000	
15580	31-1117969	Scottsdale Indemnity Company									0	490,798,142
41297	31-1024978	Scottsdale Insurance Company							*		0	1,449,786,766
10672	86-0835870	Scottsdale Surplus Lines Insurance Company									0	20,963,186
	52-2031677	THI Holdings (Delaware), Inc	(53,200,000)								(53,200,000)	
	74-2825853	Titan Auto Insurance Of New Mexico, Inc		54,626							54,626	
13242	74-2286759	Titan Indemnity Company	(17,000,000)								(17,000,000)	153,213,879
36269	86-0619597	Titan Insurance Company									0	21,717,801
	33-0160222	V.P.I. Services, Inc		5,000,000							5,000,000	
42285	95-3750113	Veterinary Pet Insurance Company		(5,000,000)							(5,000,000)	(139,684,075)
10644	34-1785903	Victoria Automobile Insurance Company							*		0	50,101,446
42889	34-1394913	Victoria Fire & Casualty Company	(18,000,000)						*		(18,000,000)	177,633,093
10778	34-1842604	Victoria National Insurance Company							*		0	95
10105	34-1777972	Victoria Select Insurance Company							*		0	52,266,951
10777	34-1842602	Victoria Specialty Insurance Company							*		0	38,016,021
37150	86-0561941	Western Heritage Insurance Company									0	358,761,327
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?	YES
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?	YES
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?	YES
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
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?	YES
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	YES
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

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.
19.
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.
25.
26.
27. The data for this supplement is not required to be filed.
28.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31.
32.
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.

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

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48.

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51.

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Prepaid pension costs	74,639,357	72,025,532	2,613,825	3,212,977
2597. Summary of remaining write-ins for Line 25	74,639,357	72,025,532	2,613,825	3,212,977

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31 Prior Year
2504. Reserve for litigation and contingencies	7,473,519	88,966,673
2505. Reserve for rate stabilizations	18,113,414	16,082,486
2506. Tax credit liabilities commitments	25,498,713	
2597. Summary of remaining write-ins for Line 25	51,085,646	105,049,159

Additional Write-ins for Summary of Operations:

	1 Current Year	2 Prior Year
2704. Net investment earnings on funds withheld	3,955,666	
2705. Other fees and penalties	14,337	
2797. Summary of remaining write-ins for Line 27	3,970,003	0

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
2704. Net investment earnings on funds withheld	3,955,666			3,955,666								
2705. Other fees and penalties	14,337										14,337	
2797. Summary of remaining write-ins for Line 27	3,970,003	0	0	3,955,666	0	0	0	0	0	0	14,337	0

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522AL.....	P.....	.....NO.....	....123467.....	.08/12/1982	.....	.05/11/2001	.03/01/1995	Medicare Supplement.....	5,082	10,865	.....213.8	1	.....	.....	.....0.0	.....
.....Yes.....	2121AL.....	A.....	.....NO.....	....123467.....	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	-	.....	.....	.....0.0	.....
.....Yes.....	2122AL.....	B.....	.....NO.....	....123467.....	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	6,171	2,390	.....38.7	2	.....	.....	.....0.0	.....
.....Yes.....	2123AL.....	F.....	.....NO.....	....123467.....	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	34,069	11,461	.....33.6	7	.....	.....	.....0.0	.....
.....Yes.....	2129-1.....	C.....	.....NO.....	....123467.....	.08/03/1999	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	4,082	3,716	.....91.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									49,404	28,432	.....57.5	11	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.08/12/1982	.....	.05/11/2001	.03/01/1995	Medicare Supplement.....	5,082	450	.....8.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,082	450	.....8.9	1	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	2121CT94.....	A.....	.....NO.....	....123467.....	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement.....	66,908	48,851	.....73.0	27	.....	.....	.....0.0	.....
.....Yes.....	2122CT94.....	B.....	.....NO.....	....123467.....	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement.....	107,462	61,238	.....57.0	28	.....	.....	.....0.0	.....
.....Yes.....	2123CT94.....	F.....	.....NO.....	....123467.....	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement.....	207,047	98,107	.....47.4	41	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									381,418	208,196	.....54.6	96	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO.....	....123467.....	.09/13/1982	.....	.05/16/2001	.01/01/1991	Medicare Supplement.....	7,750	20,315	.....262.1	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									7,750	20,315	.....262.1	2	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1524.....	P.....	.....NO.....	....123467.....	.12/16/1982	.....	.05/10/2001	.12/01/1991	Medicare Supplement.....	117,090	190,007	.....162.3	59	.....	.....	.....0.0	.....
.....YES.....	2121FL.....	A.....	.....NO.....	....123467.....	.03/12/1992	.12/03/2002	.05/10/2001	.12/01/2002	Medicare Supplement.....	10,989	5,883	.....53.5	7	.....	.....	.....0.0	.....
.....YES.....	2122FL.....	B.....	.....NO.....	....123467.....	.03/12/1992	.12/03/2002	.05/10/2001	.12/01/2002	Medicare Supplement.....	142,156	132,369	.....93.1	61	.....	.....	.....0.0	.....
.....YES.....	2123FL.....	F.....	.....NO.....	....123467.....	.03/12/1992	.12/03/2002	.05/10/2001	.12/01/2002	Medicare Supplement.....	964,293	987,282	.....102.4	330	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,234,527	1,315,541	.....106.6	457	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.11/17/1982	.....	.05/31/2001	.07/01/1989	Medicare Supplement.....	8,365	2,980	.....35.6	3	.....	.....	.....0.0	.....
.....Yes.....	1924.....	P.....	.....NO.....	....123467.....	.09/19/1989	.....	.05/31/2001	.07/01/1992	Medicare Supplement.....	24,789	16,708	.....67.4	9	.....	.....	.....0.0	.....
.....Yes.....	2121GA.....	A.....	.....NO.....	....123467.....	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	1,598	598	.....37.4	1	.....	.....	.....0.0	.....
.....Yes.....	2122GA.....	B.....	.....NO.....	....123467.....	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	7,677	1,855	.....24.2	3	.....	.....	.....0.0	.....
.....Yes.....	2123GA.....	F.....	.....NO.....	....123467.....	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	293,644	186,008	.....63.3	76	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									336,073	208,147	.....61.9	92	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.11/20/1982	.....	.06/26/2001	.12/01/1989	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....Yes.....	2122.....	B.....	.....NO.....	....123467.....	.05/31/1994	.12/19/2002	.06/26/2001	.12/01/2002	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....Yes.....	2123.....	F.....	.....NO.....	....123467.....	.05/31/1994	.12/19/2002	.06/26/2001	.12/01/2002	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.09/21/1982	.....	.05/21/2001	.12/01/1991	Medicare Supplement.....	29,328	6,131	.....20.9	7	.....	.....	.....0.0	.....
.....Yes.....	2121IN.....	A.....	.....NO.....	....123467.....	.01/09/1995	.11/04/2002	.05/21/2001	.12/01/2002	Medicare Supplement.....	2,815	2,870	.....101.9	2	.....	.....	.....0.0	.....
.....Yes.....	2122IN.....	B.....	.....NO.....	....123467.....	.01/09/1995	.11/04/2002	.05/21/2001	.12/01/2002	Medicare Supplement.....	5,819	356	.....6.1	2	.....	.....	.....0.0	.....
.....Yes.....	2123IN.....	F.....	.....NO.....	....123467.....	.01/09/1995	.11/04/2002	.05/21/2001	.12/01/2002	Medicare Supplement.....	13,627	5,587	.....41.0	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									51,589	14,944	.....29.0	14	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.09/27/1982	.....	.05/14/2001	.12/01/1991	Medicare Supplement.....	14,898	12,384	.....83.1	4	.....	.....	.....0.0	.....
.....Yes.....	2121KY.....	A.....	.....NO.....	....123467.....	.06/28/1994	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	1,962	511	.....26.1	1	.....	.....	.....0.0	.....
.....Yes.....	2122KY.....	B.....	.....NO.....	....123467.....	.06/28/1994	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	8,153	4,934	.....60.5	3	.....	.....	.....0.0	.....
.....Yes.....	2123KY.....	F.....	.....NO.....	....123467.....	.06/28/1994	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	44,656	13,448	.....30.1	13	.....	.....	.....0.0	.....
.....Yes.....	2129-1.....	C.....	.....NO.....	....123467.....	.09/27/1999	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	-	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									69,669	31,277	.....44.9	21	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	2121MD.....	A.....	.....NO.....	....123467.....	.08/27/1992	.12/09/2002	.01/25/2002	.12/01/2002	Medicare Supplement.....	10,588	5,078	.....48.0	5	.....	.....	.....0.0	.....
.....Yes.....	2122MD.....	B.....	.....NO.....	....123467.....	.08/27/1992	.12/09/2002	.01/25/2002	.12/01/2002	Medicare Supplement.....	60,360	44,725	.....74.1	27	.....	.....	.....0.0	.....
.....Yes.....	2123MD.....	F.....	.....NO.....	....123467.....	.08/27/1992	.12/09/2002	.01/25/2002	.12/01/2002	Medicare Supplement.....	856,902	484,394	.....56.5	205	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									927,849	534,196	.....57.6	237	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.10/06/1982	.....	.06/14/2001	.12/01/1989	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	MS10MN.....	O.....	.....NO.....	....123467.....	.11/17/1982	.....	.08/28/1992	.12/31/1993	.....	17,543	29,174	.....166.3	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									17,543	29,174	.....166.3	5	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.08/24/1982	.....	.04/27/2001	.06/01/1992	Medicare Supplement.....	27,633	2,740	.....9.9	6	.....	.....	.....0.0	.....
.....Yes.....	2121.....	A.....	.....NO.....	....123467.....	.06/22/1992	.11/18/2002	.04/27/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
.....Yes.....	2122.....	B.....	.....NO.....	....123467.....	.06/22/1992	.11/18/2002	.04/27/2001	.12/01/2002	Medicare Supplement.....	.....(187)	.....(1,430)	.....763.9	.....	.....	.....	.....0.0	.....
.....Yes.....	2123.....	F.....	.....NO.....	....123467.....	.06/22/1992	.11/18/2002	.04/27/2001	.12/01/2002	Medicare Supplement.....	83,457	38,503	.....46.1	16	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									110,902	39,813	.....35.9	22	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.09/13/1982	.....	.04/24/2001	.12/01/1991	Medicare Supplement.....	145,071	61,496	.....42.4	43	.....	.....	.....0.0	.....
.....Yes.....	2121NC.....	A.....	.....NO.....	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	28,349	12,322	.....43.5	12	.....	.....	.....0.0	.....
.....Yes.....	2122NC.....	B.....	.....NO.....	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	32,517	17,024	.....52.4	11	.....	.....	.....0.0	.....
.....Yes.....	2123NC.....	F.....	.....NO.....	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	763,234	417,263	.....54.7	203	.....	.....	.....0.0	.....
.....Yes.....	2124NC.....	I.....	.....NO.....	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	39,152	9,010	.....23.0	6	.....	.....	.....0.0	.....
.....Yes.....	2129NC.....	C.....	.....NO.....	....123467.....	.07/05/2000	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	11,108	5,398	.....48.6	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,019,431	522,512	.....51.3	277	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.07/15/1982	.....	.05/15/2001	.04/01/1992	Medicare Supplement.....	222,500	141,486	.....63.6	56	.....	.....	.....0.0	.....
.....Yes.....	1857.....	P.....	.....NO.....	....123467.....	.12/30/1987	.....	.05/15/2001	.04/01/1992	Medicare Supplement.....	-	-	.....0.0	-	.....	.....	.....0.0	.....
.....Yes.....	2121.....	A.....	.....NO.....	....123467.....	.03/20/1992	.11/01/2001	.05/15/2001	.12/01/2002	Medicare Supplement.....	18,446	8,019	.....43.5	10	.....	.....	.....0.0	.....
.....Yes.....	2122.....	B.....	.....NO.....	....123467.....	.03/20/1992	.11/01/2001	.05/15/2001	.12/01/2002	Medicare Supplement.....	184,664	113,904	.....61.7	69	.....	.....	.....0.0	.....
.....Yes.....	2123.....	F.....	.....NO.....	....123467.....	.03/20/1992	.11/01/2001	.05/15/2001	.12/01/2002	Medicare Supplement.....	1,415,865	935,533	.....66.1	413	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,841,476	1,198,942	.....65.1	548	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	2123.....	F.....	.....NO.....	....123467.....	.03/20/1992	.11/01/2001	.05/15/2001	.12/01/2002	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.11/30/1982	.....	.05/07/2001	.08/01/1989	Medicare Supplement.....	74,045	53,351	.....72.1	19	.....	.....	.....0.0	.....
.....Yes.....	1926.....	P.....	.....NO.....	....123467.....	.08/03/1989	.....	.05/07/2001	.07/01/1990	Medicare Supplement.....	87,690	67,049	.....76.5	21	.....	.....	.....0.0	.....
.....Yes.....	2121PA.....	A.....	.....NO.....	....123467.....	.09/04/1992	.11/20/2002	.05/07/2001	.12/01/2002	Medicare Supplement.....	41,758	24,397	.....58.4	19	.....	.....	.....0.0	.....
.....Yes.....	2122PA.....	B.....	.....NO.....	....123467.....	.09/04/1992	.11/20/2002	.05/07/2001	.12/01/2002	Medicare Supplement.....	182,447	102,464	.....56.2	73	.....	.....	.....0.0	.....
.....Yes.....	2129.....	C.....	.....NO.....	....123467.....	.09/04/1992	.11/20/2002	.05/07/2001	.12/01/2002	Medicare Supplement.....	982,680	682,440	.....69.4	305	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,368,621	929,700	.....67.9	437	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
Yes	1522	A	NO	123467	.10/06/1982		.04/24/2001	.04/01/1992	Medicare Supplement	63,573	48,793	76.8	22			0.0	
Yes	2121SC	B	NO	123467	.02/05/1993	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement	-	-	0.0	-			0.0	
Yes	2122SC	F	NO	123467	.02/05/1993	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement	15,836	7,921	50.0	6			0.0	
Yes	2123SC	C	NO	123467	.02/05/1993	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement	205,071	166,316	81.1	60			0.0	
Yes	2129SC	P	NO	123467	.07/24/2000	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement	-	-	0.0	-			0.0	
0199999.	Total Policy Experience on Individual Policies									284,480	223,030	78.4	88	0	0	0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.09/01/1982	.....	.05/31/2001	.06/01/1992	Medicare Supplement.....	24,272	14,381	.....59.2	7	.....	.....	.....0.0	.....
.....Yes.....	2121TN.....	A.....	.....NO.....	....123467.....	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	-	.....	.....	.....0.0	.....
.....Yes.....	2122TN.....	B.....	.....NO.....	....123467.....	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	4,364	3,624	.....83.0	1	.....	.....	.....0.0	.....
.....Yes.....	2123TN.....	F.....	.....NO.....	....123467.....	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	123,045	97,049	.....78.9	32	.....	.....	.....0.0	.....
.....Yes.....	2129TN.....	C.....	.....NO.....	....123467.....	.03/10/2000	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	-	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									151,682	115,054	.....75.9	40	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	2121TX.....	A.....	.....NO.....	....123467.....	.06/02/1994	.11/13/2002	.06/15/2001	.12/01/2002	Medicare Supplement.....	10,835	4,932	.....45.5	40	.....	.....	.....0.0	.....
.....Yes.....	2122TX.....	B.....	.....NO.....	....123467.....	.06/02/1994	.11/13/2002	.06/15/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	3	.....	.....	.....0.0	.....
.....Yes.....	2123TX.....	F.....	.....NO.....	....123467.....	.06/02/1994	.11/13/2002	.06/15/2001	.12/01/2002	Medicare Supplement.....	47,966	58,267	.....121.5	-	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									58,800	63,198	.....107.5	43	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1522.....	P.....	.....NO.....	....123467.....	.09/27/1982	.....	.05/11/2001	.02/01/1989	Medicare Supplement.....	30,628	12,239	.....40.0	8	.....	.....	.....0.0	.....
.....Yes.....	1925.....	P.....	.....NO.....	....123467.....	.02/02/1989	.....	.05/11/2001	.07/01/1992	Medicare Supplement.....	71,299	24,951	.....35.0	19	.....	.....	.....0.0	.....
.....Yes.....	2121VA.....	A.....	.....NO.....	....123467.....	.07/30/1992	.11/21/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	6,554	3,275	.....50.0	4	.....	.....	.....0.0	.....
.....Yes.....	2122VA.....	B.....	.....NO.....	....123467.....	.07/30/1992	.11/21/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	52,580	24,834	.....47.2	25	.....	.....	.....0.0	.....
.....Yes.....	2123VA.....	F.....	.....NO.....	....123467.....	.07/30/1992	.11/21/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	691,928	536,972	.....77.6	181	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									852,990	602,270	.....70.6	237	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869
Title.....Telephone Number.....

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....Yes.....	1523.....	P.....	.....NO.....	....123467.....	.09/22/1982	.....	.05/30/2001	.12/01/1991	Medicare Supplement.....	116,883	45,243	.....38.7	29	.....	.....	.....0.0	.....
.....Yes.....	2121WV.....	A.....	.....NO.....	....123467.....	.02/27/1992	.11/07/2002	.05/30/2001	.12/01/2002	Medicare Supplement.....	1,691	20	.....1.2	1	.....	.....	.....0.0	.....
.....Yes.....	2122WV.....	B.....	.....NO.....	....123467.....	.02/27/1992	.11/07/2002	.05/30/2001	.12/01/2002	Medicare Supplement.....	39,026	12,464	.....31.9	12	.....	.....	.....0.0	.....
.....Yes.....	2123WV.....	F.....	.....NO.....	....123467.....	.02/27/1992	.11/07/2002	.05/30/2001	.12/01/2002	Medicare Supplement.....	476,878	274,105	.....57.5	115	.....	.....	.....0.0	.....
.....Yes.....	2129WV.....	C.....	.....NO.....	....123467.....	.08/02/1999	.11/07/2002	.05/30/2001	.12/01/2002	Medicare Supplement.....	-	18	.....0.0	-	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									634,478	331,850	.....52.3	157	0	0	.....0.0	0

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

* 6 6 8 6 9 2 0 1 5 4 6 5 0 0 1 0 0 *

SCHEDULE O SUPPLEMENT

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

Of The.....NATIONWIDE LIFE INSURANCE COMPANY
Address (City, State, Zip Code).....COLUMBUS, OH 43215-2220
NAIC Group Code.....0140 NAIC Company Code.....66869 Employer's ID Number.....31-4156830

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	599	178	146	135	179
2. 2011	223	236	25	3	
3. 2012	XXX	205	205	8	3
4. 2013	XXX	XXX	270	216	22
5. 2014	XXX	XXX	XXX	169	386
6. 2015	XXX	XXX	XXX	XXX	279

Section B - Other Accident and Health

1. Prior	183	155	121	119	81
2. 2011	50	70	15	16	12
3. 2012	XXX	65	57	17	12
4. 2013	XXX	XXX	54	59	14
5. 2014	XXX	XXX	XXX	58	67
6. 2015	XXX	XXX	XXX	XXX	65

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	

NONE

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	998	460	27	XXX	XXX
2. 2012	XXX	1,038	496	76	XXX
3. 2013	XXX	XXX	1,092	512	98
4. 2014	XXX	XXX	XXX	1,068	782
5. 2015	XXX	XXX	XXX	XXX	1,191

Section B - Other Accident and Health

1. 2011	287	225	122	XXX	XXX
2. 2012	XXX	264	209	118	XXX
3. 2013	XXX	XXX	251	206	115
4. 2014	XXX	XXX	XXX	249	212
5. 2015	XXX	XXX	XXX	XXX	255

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011	998	460	27	5	2
2. 2012	XXX	1,038	496	76	71
3. 2013	XXX	XXX	1,092	512	98
4. 2014	XXX	XXX	XXX	1,068	782
5. 2015	XXX	XXX	XXX	XXX	1,191

Section B - Other Accident and Health

1. 2011	287	225	122	122	112
2. 2012	XXX	264	209	118	117
3. 2013	XXX	XXX	251	206	115
4. 2014	XXX	XXX	XXX	249	212
5. 2015	XXX	XXX	XXX	XXX	255

Section C - Credit Accident and Health

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

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life	Other	114,608
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health		
9. Credit accident and health		
10. Other accident and health		
11. Total		114,608

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

* 6 6 8 6 9 2 0 1 5 4 9 0 0 0 1 0 0 *

Trusteed Surplus Statement

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

_____being duly sworn, says that he/she is the _____ of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, that this trusteed surplus statement together with its related schedules appended hereto is a true statement of the trusteed surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 2015

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE – SCHEDULE B

_____
_____ being sworn, say that it is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2015

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE – SCHEDULE C

_____
_____
_____ being sworn, say that it is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2015

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE – SCHEDULE D

_____
_____
_____ being sworn, say that it is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2015

_____ _____

_____ _____

Trusteed Surplus Statement Assets
NONE

Trusteed Surplus Statement Liabilities
NONE

Trusteed Surplus Statement-Overflow Page
NONE

Workers' Comp. Carve-Out-Underwriting and Investment Exhibit
NONE

Sch. F - Pt. 1
NONE

Sch. F - Pt. 2
NONE

Sch. P - Pt. 1
NONE

Sch. P - Pt. 2
NONE

Sch. P - Pt. 3
NONE

Sch. P - Pt. 4
NONE

Sch. P - Pt. 5 - Sn. 1
NONE

Sch. P - Pt. 5 - Sn. 2
NONE

Sch. P - Pt. 5 - Sn. 3
NONE

Sch. P - Pt. 6 - Sn. 1
NONE

Sch. P - Pt. 6 - Sn. 2
NONE

2015 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK