



ANNUAL STATEMENT

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

American Retirement Life Insurance Company

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

Organized under the Laws of Ohio
Incorporated/Organized..... May 12, 1978
Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 88366

State of Domicile or Port of Entry Ohio
Commenced Business..... November 27, 1978

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

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

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

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

CignaSupplementalBenefits.com

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

Employer's ID Number..... 59-2760189

Country of Domicile US

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

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

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

OFFICERS

Name	Title	Name	Title
1. Brian Case Evanko	President	2. Byron Keith Buescher	Treasuer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III	Appointed Actuary

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

(Signature)
Brian Case Evanko

1. (Printed Name)
President

(Title)

(Signature)
Byron Keith Buescher

2. (Printed Name)
Treasuer

(Title)

(Signature)
Brenda Weigilia Hardison

3. (Printed Name)
Secretary

(Title)

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

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

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,800	6,774		1,973	1,637
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).....	6,800	6,774	0	1,973	1,637
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,800	6,774	0	1,973	1,637

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,816				6,816
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,816	0	0	0	6,816
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,000				5,000
10. Matured endowments.....					0
11. Annuity benefits.....	3,044				3,044
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.....	8,044	0	0	0	8,044

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10	136,165	(a).....						10	136,165
21. Issued during year.....	1	7,500							1	7,500
22. Other changes to in force (Net).....	(1)	(7,435)							(1)	(7,435)
23. In force December 31 of current year.....	10	136,230	0	0	0	0	0	0	10	136,230

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,956,204	3,930,441		2,961,219	3,034,404
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).....	3,956,204	3,930,441	0	2,961,219	3,034,404
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,956,204	3,930,441	0	2,961,219	3,034,404

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	(749)				(749)
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	(749)	.0	.0	.0	(749)
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	52,340				52,340
10. Matured endowments.....					.0
11. Annuity benefits.....	225,131				225,131
12. Surrender values and withdrawals for life contracts.....	4				.4
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.....	277,475	.0	.0	.0	277,475

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	5	52,340							5	52,340
Settled during current year:										
18.1 By payment in full.....	5	52,340							5	52,340
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	5	52,340	.0	.0	.0	.0	.0	.0	5	52,340
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	5	52,340	.0	.0	.0	.0	.0	.0	5	52,340
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.....	70	466,733	(a)						70	466,733
21. Issued during year.....	2	15,000							2	15,000
22. Other changes to in force (Net).....	(5)	(59,889)							(5)	(59,889)
23. In force December 31 of current year.....	67	421,844	.0	(a)	.0	.0	.0	.0	.67	421,844

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,201,957	1,198,230		899,145	937,162
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).....	1,201,957	1,198,230	.0	899,145	937,162
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,201,957	1,198,230	.0	899,145	937,162

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,781				4,781
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	4,781	.0	.0	.0	4,781
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	72,000	(a).						.6	72,000
21. Issued during year.....	1	15,000							.1	15,000
22. Other changes to in force (Net).....	-	-							.0	.0
23. In force December 31 of current year.....	7	87,000	(a).	.0	.0	.0	.0	.0	.7	87,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,732,919	1,727,026		1,269,381	1,307,354
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).....	1,732,919	1,727,026	.0	1,269,381	1,307,354
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,732,919	1,727,026	.0	1,269,381	1,307,354

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	156,705	156,337		180,890	189,327
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).....	156,705	156,337	0	180,890	189,327
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	156,705	156,337	0	180,890	189,327

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,281				9,281
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	9,281	.0	.0	.0	9,281
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	14	165,000	(a).....						14	165,000
21. Issued during year.....	5	82,500							5	82,500
22. Other changes to in force (Net).....	(1)	(18,748)							(1)	(18,748)
23. In force December 31 of current year.....	18	228,752	(a).....	.0	.0	.0	.0	.0	18	228,752

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,946,404	9,890,758		7,873,655	8,103,261
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,946,404	9,890,758	.0	7,873,655	8,103,261
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,946,404	9,890,758	.0	7,873,655	8,103,261

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,942	9,047		6,358	7,189
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,942	9,047	0	6,358	7,189
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,942	9,047	0	6,358	7,189

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,164	6,106		4,587	5,132
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,164	6,106	0	4,587	5,132
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,164	6,106	0	4,587	5,132

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



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	815,243	809,155		554,455	566,623
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).....	815,243	809,155	0	554,455	566,623
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	815,243	809,155	0	554,455	566,623

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,090				4,090
2. Annuity considerations.....	975				975
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	5,065	.0	.0	.0	5,065
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.....	54,364				54,364
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.....	54,364	.0	.0	.0	54,364

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.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.....	.2	12,140	(a).....						.2	12,140
21. Issued during year.....	.3	25,500							.3	25,500
22. Other changes to in force (Net).....	.1	37,804							.1	37,804
23. In force December 31 of current year.....	.6	75,444	(a).....	.0	.0	.0	.0	.0	.6	75,444

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,954,493	2,885,122		1,707,725	1,893,099
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).....	2,954,493	2,885,122	.0	1,707,725	1,893,099
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,954,493	2,885,122	.0	1,707,725	1,893,099

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



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,407				12,407
2. Annuity considerations.....	570				570
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,977	0	0	0	12,977
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.....	17,265				17,265
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.....	17,265	0	0	0	17,265

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	18	174,200	(a).....						18	174,200
21. Issued during year.....	12	90,000							12	90,000
22. Other changes to in force (Net).....	(6)	(44,482)							(6)	(44,482)
23. In force December 31 of current year.....	24	219,718	0	0	0	0	0	0	24	219,718

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,601,947	2,563,437		1,946,443	2,006,912
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).....	2,601,947	2,563,437	0	1,946,443	2,006,912
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,601,947	2,563,437	0	1,946,443	2,006,912

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	264,612				264,612
2. Annuity considerations.....	7,581				7,581
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	272,193	0	0	0	272,193
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.....	62,340				62,340
10. Matured endowments.....					0
11. Annuity benefits.....	1,340,552				1,340,552
12. Surrender values and withdrawals for life contracts.....	21,644				21,644
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,424,536	0	0	0	1,424,536

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	7	62,340							7	62,340
Settled during current year:										
18.1 By payment in full.....	7	62,340							7	62,340
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	62,340	0	0	0	0	0	0	7	62,340
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	62,340	0	0	0	0	0	0	7	62,340
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.....	513	5,129,613	(a).....						513	5,129,613
21. Issued during year.....	120	1,456,500							120	1,456,500
22. Other changes to in force (Net).....	(52)	(596,059)							(52)	(596,059)
23. In force December 31 of current year.....	581	5,990,054	0	(a).....0	0	0	0	0	581	5,990,054

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	192,246,539	191,085,174		144,766,498	148,585,274
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).....	192,246,539	191,085,174	0	144,766,498	148,585,274
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	192,246,539	191,085,174	0	144,766,498	148,585,274

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



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,612	1,612		1,178	1,198
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).....	1,612	1,612	0	1,178	1,198
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,612	1,612	0	1,178	1,198

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,304	11,286		11,054	11,662
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,304	11,286	0	11,054	11,662
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,304	11,286	0	11,054	11,662

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,898				2,898
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,898	.0	.0	.0	2,898
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,279,438	1,269,319		1,022,385	1,040,479
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).....	1,279,438	1,269,319	.0	1,022,385	1,040,479
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,279,438	1,269,319	.0	1,022,385	1,040,479

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	34,912	34,819		33,775	36,561
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).....	34,912	34,819	0	33,775	36,561
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	34,912	34,819	0	33,775	36,561

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	29,089				29,089
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	29,089	.0	.0	.0	29,089
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.....	7,424				7,424
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.....	7,424	.0	.0	.0	7,424

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	(1)	(5,000)							(1)	(5,000)
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)	(5,000)	.0	.0	.0	.0	.0	.0	(1)	(5,000)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	53	552,750	(a)						53	552,750
21. Issued during year.....	1	7,500							1	7,500
22. Other changes to in force (Net).....	(8)	(109,976)							(8)	(109,976)
23. In force December 31 of current year.....	46	450,274	.0	.0	.0	.0	.0	.0	46	450,274

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,036,486	6,010,519		4,760,671	4,845,148
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).....	6,036,486	6,010,519	.0	4,760,671	4,845,148
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,036,486	6,010,519	.0	4,760,671	4,845,148

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,131				11,131
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	11,131	.0	.0	.0	11,131
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
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	5,000	.0	.0	.0	.0	.0	.0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	154,500	(a).						12	154,500
21. Issued during year.....	6	96,000							6	96,000
22. Other changes to in force (Net).....	(3)	(36,000)							(3)	(36,000)
23. In force December 31 of current year.....	15	214,500	(a).	.0	.0	.0	.0	.0	15	214,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	14,973,812	14,837,079		11,136,510	11,423,657
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).....	14,973,812	14,837,079	.0	11,136,510	11,423,657
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,973,812	14,837,079	.0	11,136,510	11,423,657

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



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,635				4,635
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	4,635	.0	.0	.0	4,635
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.9	69,000	(a).						.9	69,000
21. Issued during year.....	.4	45,000							.4	45,000
22. Other changes to in force (Net).....	(1)	(22,500)							(1)	(22,500)
23. In force December 31 of current year.....	.12	91,500	(a).	.0	.0	.0	.0	.0	.12	91,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,058,741	11,024,775		8,798,214	8,970,064
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,058,741	11,024,775	.0	8,798,214	8,970,064
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,058,741	11,024,775	.0	8,798,214	8,970,064

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,825				8,825
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	8,825	.0	.0	.0	8,825
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	11	115,500	(a)						11	115,500
21. Issued during year.....	4	43,500							4	43,500
22. Other changes to in force (Net).....	-	-							.0	.0
23. In force December 31 of current year.....	15	159,000	(a)	.0	.0	.0	.0	.0	15	159,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,953,358	6,889,511		5,383,579	5,554,723
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).....	6,953,358	6,889,511	.0	5,383,579	5,554,723
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,953,358	6,889,511	.0	5,383,579	5,554,723

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,730				3,730
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	3,730	.0	.0	.0	3,730
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.....	46,089				46,089
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.....	46,089	.0	.0	.0	46,089

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5	56,250	(a).....						5	56,250
21. Issued during year.....	2	15,000							2	15,000
22. Other changes to in force (Net).....	(1)	(22,459)							(1)	(22,459)
23. In force December 31 of current year.....	6	48,791	.0	(a)......0	.0	.0	.0	.0	.6	48,791

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,728,361	2,708,043		2,058,970	2,122,073
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).....	2,728,361	2,708,043	.0	2,058,970	2,122,073
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,728,361	2,708,043	.0	2,058,970	2,122,073

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	2,194		(a).....					1	2,194
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	55							0	55
23. In force December 31 of current year.....	1	2,249	0	(a).....0	0	0	0	0	1	2,249

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	30,070	29,872		47,976	49,408
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).....	30,070	29,872	0	47,976	49,408
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	30,070	29,872	0	47,976	49,408

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,289,002	1,278,909		1,142,624	1,174,130
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).....	1,289,002	1,278,909	0	1,142,624	1,174,130
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,289,002	1,278,909	0	1,142,624	1,174,130

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



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	31,024	30,817		12,937	14,662
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).....	31,024	30,817	0	12,937	14,662
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	31,024	30,817	0	12,937	14,662

(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.



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

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	45,594	45,556		43,966	45,430
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).....	45,594	45,556	0	43,966	45,430
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	45,594	45,556	0	43,966	45,430

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	28,961	28,761		18,131	19,895
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).....	28,961	28,761	0	18,131	19,895
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	28,961	28,761	0	18,131	19,895

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	831				831
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	831	0	0	0	831
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	84,105				84,105
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.....	84,105	0	0	0	84,105

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	24,706		(a).....					3	24,706
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	45							0	45
23. In force December 31 of current year.....	3	24,751	0	(a).....0	0	0	0	0	3	24,751

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,415,669	1,409,594		1,060,570	1,095,784
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).....	1,415,669	1,409,594	0	1,060,570	1,095,784
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,415,669	1,409,594	0	1,060,570	1,095,784

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,629				5,629
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	5,629	.0	.0	.0	5,629
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.....	13,261				13,261
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.....	13,261	.0	.0	.0	13,261

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.9	75,000	(a).....						.9	75,000
21. Issued during year.....	.2	19,500							.2	19,500
22. Other changes to in force (Net).....	(.1)	(7,500)							(.1)	(7,500)
23. In force December 31 of current year.....	.10	87,000	(a).....	.0	.0	.0	.0	.0	.10	87,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,392,531	5,392,604		3,991,131	4,051,453
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).....	5,392,531	5,392,604	.0	3,991,131	4,051,453
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,392,531	5,392,604	.0	3,991,131	4,051,453

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,663				1,663
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,663	.0	.0	.0	1,663
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,647,211	1,625,254		1,179,415	1,223,944
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,647,211	1,625,254	.0	1,179,415	1,223,944
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,647,211	1,625,254	.0	1,179,415	1,223,944

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	243,462				243,462
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.....	243,462	0	0	0	243,462

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	57,870	(a).....						12	57,870
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	1,359							0	1,359
23. In force December 31 of current year.....	12	59,229	(a).....0	0	0	0	0	0	12	59,229

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,206,908	5,193,583		3,983,692	4,061,388
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).....	5,206,908	5,193,583	0	3,983,692	4,061,388
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,206,908	5,193,583	0	3,983,692	4,061,388

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	29,026	28,674		10,786	11,551
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	29,026	28,674	0	10,786	11,551
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	29,026	28,674	0	10,786	11,551

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,093				5,093
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	5,093	.0	.0	.0	5,093
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5	67,500	(a).....						5	67,500
21. Issued during year.....	1	12,000							1	12,000
22. Other changes to in force (Net).....	-	-							.0	.0
23. In force December 31 of current year.....	6	79,500	(a).....	.0	.0	.0	.0	.0	6	79,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,349,200	1,341,653		1,321,503	1,349,098
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).....	1,349,200	1,341,653	.0	1,321,503	1,349,098
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,349,200	1,341,653	.0	1,321,503	1,349,098

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	652,327	648,086		329,345	343,804
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).....	652,327	648,086	0	329,345	343,804
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	652,327	648,086	0	329,345	343,804

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	112,083	110,211		91,009	96,239
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).....	112,083	110,211	0	91,009	96,239
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	112,083	110,211	0	91,009	96,239

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



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,662				3,662
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	3,662	.0	.0	.0	3,662
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.4	56,250	(a).....						.4	56,250
21. Issued during year.....	.2	15,000							.2	15,000
22. Other changes to in force (Net).....	-	-							.0	.0
23. In force December 31 of current year.....	.6	71,250	(a).....	.0	.0	.0	.0	.0	.6	71,250

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	899,809	898,878		622,369	648,132
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	899,809	898,878	.0	622,369	648,132
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	899,809	898,878	.0	622,369	648,132

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,494				2,494
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,494	.0	.0	.0	2,494
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.1	15,000	(a).....						.1	15,000
21. Issued during year.....	.4	45,000							.4	45,000
22. Other changes to in force (Net).....	.(1)	(7,500)							.(1)	(7,500)
23. In force December 31 of current year.....	.4	52,500	(a).....	.0	.0	.0	.0	.0	.4	52,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,485,643	5,411,982		3,846,996	4,023,614
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).....	5,485,643	5,411,982	.0	3,846,996	4,023,614
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,485,643	5,411,982	.0	3,846,996	4,023,614

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



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	57,995	57,577		119,058	121,228
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	57,995	57,577	0	119,058	121,228
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	57,995	57,577	0	119,058	121,228

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	15,336				15,336
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	15,336	.0	.0	.0	15,336
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0	.0	.0	.0	.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	18	263,250	(a).....						18	263,250
21. Issued during year.....	3	37,500							3	37,500
22. Other changes to in force (Net).....	(2)	(30,000)							(2)	(30,000)
23. In force December 31 of current year.....	19	270,750	(a).....	.0	.0	.0	.0	.0	19	270,750

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,678,275	7,608,674		5,483,204	5,616,477
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,678,275	7,608,674	.0	5,483,204	5,616,477
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,678,275	7,608,674	.0	5,483,204	5,616,477

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,411				12,411
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	12,411	.0	.0	.0	12,411
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.....	29,778				29,778
12. Surrender values and withdrawals for life contracts.....	3,662				3,662
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	33,440	.0	.0	.0	33,440

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	24	211,696	(a).....						24	211,696
21. Issued during year.....	5	51,000							5	51,000
22. Other changes to in force (Net).....	(5)	(55,270)							(5)	(55,270)
23. In force December 31 of current year.....	24	207,426	(a).....	.0	.0	.0	.0	.0	24	207,426

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,491,431	6,480,273		4,969,272	5,061,857
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).....	6,491,431	6,480,273	.0	4,969,272	5,061,857
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,491,431	6,480,273	.0	4,969,272	5,061,857

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	30,784	30,891		25,004	26,576
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).....	30,784	30,891	0	25,004	26,576
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	30,784	30,891	0	25,004	26,576

(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.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	23,850				23,850
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	23,850	.0	.0	.0	23,850
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	38	463,500	(a).....						38	463,500
21. Issued during year.....	7	55,500							7	55,500
22. Other changes to in force (Net).....	(4)	(30,000)							(4)	(30,000)
23. In force December 31 of current year.....	41	489,000	.0	.0	.0	.0	.0	.0	.41	489,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	29,319,827	29,275,048		20,843,749	21,244,199
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	29,319,827	29,275,048	.0	20,843,749	21,244,199
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	29,319,827	29,275,048	.0	20,843,749	21,244,199

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,448	2,456		452	179
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).....	2,448	2,456	0	452	179
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,448	2,456	0	452	179

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	144,661	142,805		112,993	116,174
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	144,661	142,805	0	112,993	116,174
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	144,661	142,805	0	112,993	116,174

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,178				9,178
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	9,178	.0	.0	.0	9,178
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10	123,750	(a).....						10	123,750
21. Issued during year.....	6	64,500							6	64,500
22. Other changes to in force (Net).....	1	15,000							1	15,000
23. In force December 31 of current year.....	17	203,250	(a).....	.0	.0	.0	.0	.0	17	203,250

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,648,594	10,606,224		7,964,977	8,106,054
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	10,648,594	10,606,224	.0	7,964,977	8,106,054
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,648,594	10,606,224	.0	7,964,977	8,106,054

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	654				654
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	654	0	0	0	654
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	435,725	433,813		401,457	405,506
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).....	435,725	433,813	0	401,457	405,506
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	435,725	433,813	0	401,457	405,506

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,062				7,062
2. Annuity considerations.....	3,129				3,129
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,191	0	0	0	10,191
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.....	422,627				422,627
12. Surrender values and withdrawals for life contracts.....	17,978				17,978
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	440,605	0	0	0	440,605

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	61	462,695		(a).....					61	462,695
21. Issued during year.....	4	40,500							4	40,500
22. Other changes to in force (Net).....	-	7,860							0	7,860
23. In force December 31 of current year.....	65	511,055	0	(a).....0	0	0	0	0	65	511,055

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,330,829	3,302,935		2,249,326	2,332,490
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).....	3,330,829	3,302,935	0	2,249,326	2,332,490
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,330,829	3,302,935	0	2,249,326	2,332,490

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	39,698				39,698
2. Annuity considerations.....	2,907				2,907
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	42,605	.0	.0	.0	42,605
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,000				5,000
10. Matured endowments.....					.0
11. Annuity benefits.....	188,764				188,764
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.....	193,764	.0	.0	.0	193,764

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	5,000	.0	.0	.0	.0	.0	.0	1	5,000
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	5,000	.0	.0	.0	.0	.0	.0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	73	887,964	(a).....						73	887,964
21. Issued during year.....	9	120,000							9	120,000
22. Other changes to in force (Net).....	(10)	(153,943)							(10)	(153,943)
23. In force December 31 of current year.....	72	854,021	.0	(a)......0	.0	.0	.0	.0	72	854,021

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	21,976,349	21,841,456		17,720,801	18,116,801
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).....	21,976,349	21,841,456	.0	17,720,801	18,116,801
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	21,976,349	21,841,456	.0	17,720,801	18,116,801

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,605				1,605
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,605	.0	.0	.0	1,605
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.4	30,000	(a).....						.4	30,000
21. Issued during year.....	.2	22,500							.2	22,500
22. Other changes to in force (Net).....	(.2)	(22,480)							(.2)	(22,480)
23. In force December 31 of current year.....	.4	30,020	(a).....	.0	.0	.0	.0	.0	.4	30,020

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,237,120	1,223,993		959,462	990,328
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,237,120	1,223,993	.0	959,462	990,328
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,237,120	1,223,993	.0	959,462	990,328

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	34,775				34,775
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	34,775	.0	.0	.0	34,775
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.....	5,237				5,237
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.....	5,237	.0	.0	.0	5,237

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.25	262,500	(a).....						.25	262,500
21. Issued during year.....	.32	510,000							.32	510,000
22. Other changes to in force (Net).....	.(3)	(30,000)							.(3)	(30,000)
23. In force December 31 of current year.....	.54	742,500	(a).....	.0	.0	.0	.0	.0	.54	742,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,365,519	10,231,744		7,348,103	7,757,357
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	10,365,519	10,231,744	.0	7,348,103	7,757,357
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,365,519	10,231,744	.0	7,348,103	7,757,357

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



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,740	1,742		25,168	25,189
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).....	1,740	1,742	0	25,168	25,189
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,740	1,742	0	25,168	25,189

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,561	4,556		1,778	1,944
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,561	4,556	0	1,778	1,944
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,561	4,556	0	1,778	1,944

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	72,971	72,329		47,930	51,734
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).....	72,971	72,329	0	47,930	51,734
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	72,971	72,329	0	47,930	51,734

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,394				2,394
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,394	.0	.0	.0	2,394
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.2	30,000	(a).....						.2	30,000
21. Issued during year.....	.2	21,000							.2	21,000
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	.4	51,000	(a).....	.0	.0	.0	.0	.0	.4	51,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,902,554	5,881,604		4,030,591	4,095,367
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).....	5,902,554	5,881,604	.0	4,030,591	4,095,367
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,902,554	5,881,604	.0	4,030,591	4,095,367

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,343				1,343
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,343	.0	.0	.0	1,343
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,821,310	2,812,281		2,916,441	2,971,157
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).....	2,821,310	2,812,281	.0	2,916,441	2,971,157
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,821,310	2,812,281	.0	2,916,441	2,971,157

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



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,642,986	1,630,943		1,232,115	1,278,460
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).....	1,642,986	1,630,943	0	1,232,115	1,278,460
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,642,986	1,630,943	0	1,232,115	1,278,460

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	(11,644)
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	(11,644)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	(920)
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	(10,724)

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.....	(920)			(920)
2. 2016.....	(895)			(895)
3. 2017.....	(870)			(870)
4. 2018.....	(920)			(920)
5. 2019.....	(996)			(996)
6. 2020.....	(1,075)			(1,075)
7. 2021.....	(1,184)			(1,184)
8. 2022.....	(1,296)			(1,296)
9. 2023.....	(1,215)			(1,215)
10. 2024.....	(968)			(968)
11. 2025.....	(724)			(724)
12. 2026.....	(435)			(435)
13. 2027.....	(146)			(146)
14. 2028.....				0
15. 2029.....				0
16. 2030.....				0
17. 2031.....				0
18. 2032.....				0
19. 2033.....				0
20. 2034.....				0
21. 2035.....				0
22. 2036.....				0
23. 2037.....				0
24. 2038.....				0
25. 2039.....				0
26. 2040.....				0
27. 2041.....				0
28. 2042.....				0
29. 2043.....				0
30. 2044.....				0
31. 2045 and Later.....				0
32. Total (Lines 1 to 31).....	(11,644)	0	0	(11,644)

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	99,361		99,361			0	99,361
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	90,924		90,924			0	90,924
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	190,285	0	190,285	0	0	0	190,285
9. Maximum reserve.....	472,859		472,859			0	472,859
10. Reserve objective.....	318,719		318,719			0	318,719
11. 20% of (Line 10 minus Line 8).....	25,687	0	25,687	0	0	0	25,687
12. Balance before transfers (Lines 8 + 11).....	215,972	0	215,972	0	0	0	215,972
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	215,972	0	215,972	0	0	0	215,972

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	3,270,127	XXX	XXX	3,270,127	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	19,189,020	XXX	XXX	19,189,020	0.0004	7,676	0.0023	44,135	0.0030	57,567
3	2	High quality.....	39,823,286	XXX	XXX	39,823,286	0.0019	75,664	0.0058	230,975	0.0090	358,410
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8).....	62,282,433	XXX	XXX	62,282,433	XXX	83,340	XXX	275,110	XXX	415,977
PREFERRED STOCKS												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	18,960,609	XXX	XXX	18,960,609	0.0004	7,584	0.0023	43,609	0.0030	56,882
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).....	18,960,609	XXX	XXX	18,960,609	XXX	7,584	XXX	43,609	XXX	56,882
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	81,243,042	XXX	XXX	81,243,042	XXX	90,924	XXX	318,719	XXX	472,858

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

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.....	191,968,192	XXX		XXX		XXX		XXX		XXX		191,968,192	XXX		XXX		XXX		XXX
2.	Premiums earned.....	191,069,001	XXX		XXX		XXX		XXX		XXX		191,069,001	XXX		XXX		XXX		XXX
3.	Incurred claims.....	148,585,275	77.8	0	0.0	0	0.0	0	0.0	0	0.0	0	148,585,275	77.8	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	398,275	0.2		0.0		0.0		0.0		0.0		398,275	0.2		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	148,983,550	78.0	0	0.0	0	0.0	0	0.0	0	0.0	0	148,983,550	78.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	41,989	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	41,989	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	37,139,702	19.4		0.0		0.0		0.0		0.0		37,139,702	19.4		0.0		0.0		0.0
8.	Other general insurance expenses.....	29,439,098	15.4		0.0		0.0		0.0		0.0		29,439,098	15.4		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	4,978,110	2.6		0.0		0.0		0.0		0.0		4,978,110	2.6		0.0		0.0		0.0
10.	Total other expenses incurred.....	71,556,910	37.5	0	0.0	0	0.0	0	0.0	0	0.0	0	71,556,910	37.5	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	38,818	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	38,818	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	(29,552,266)	(15.5)	0	0.0	0	0.0	0	0.0	0	0.0	0	(29,552,266)	(15.5)	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0	0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	(29,552,266)	(15.5)	0	0.0	0	0.0	0	0.0	0	0.0	0	(29,552,266)	(15.5)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																				
1101.	Loading.....	30,613	0.0		0.0		0.0		0.0		0.0		30,613	0.0		0.0		0.0		0.0
1102.	Penalties.....	8,205	0.0		0.0		0.0		0.0		0.0		8,205	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		0.0
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	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	38,818	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	38,818	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				
		Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5	6	7	8	9
	Total				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.....	4,690,090					4,690,090			
2. Advance premiums.....	1,882,447					1,882,447			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	6,572,537	0	0	0	0	6,572,537	0	0	0
5. Total premium reserves, prior year.....	5,309,130					5,309,130			
6. Increase in total premium reserves.....	1,263,407	0	0	0	0	1,263,407	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	41,989					41,989			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	41,989	0	0	0	0	41,989	0	0	0
4. Total contract reserves, prior year.....	0								
5. Increase in contract reserves.....	41,989	0	0	0	0	41,989	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	18,279,492	0	0	0	0	18,279,492	0	0	0
2. Total prior year.....	14,460,715					14,460,715			
3. Increase.....	3,818,777	0	0	0	0	3,818,777	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	11,670,953					11,670,953			
1.2 On claims incurred during current year.....	133,095,545					133,095,545			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	205,464					205,464			
2.2 On claims incurred during current year.....	18,074,028					18,074,028			
3. Test:									
3.1 Lines 1.1 and 2.1.....	11,876,417	0	0	0	0	11,876,417	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	14,460,715					14,460,715			
3.3 Line 3.1 minus Line 3.2.....	(2,584,298)	0	0	0	0	(2,584,298)	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								

NONE

(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.....			148,585,275	148,585,275
2. Beginning claim reserves and liabilities.....			14,460,715	14,460,715
3. Ending claim reserves and liabilities.....			18,279,492	18,279,492
4. Claims paid.....	0	0	144,766,498	144,766,498
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....				0
10. Beginning claim reserves and liabilities.....				0
11. Ending claim reserves and liabilities.....				0
12. Claims paid.....	0	0	0	0
D. Net:				
13. Incurred claims.....	0	0	148,585,275	148,585,275
14. Beginning claim reserves and liabilities.....	0	0	14,460,715	14,460,715
15. Ending claim reserves and liabilities.....	0	0	18,279,492	18,279,492
16. Claims paid.....	0	0	144,766,498	144,766,498
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			148,983,550	148,983,550
18. Beginning reserves and liabilities.....			14,460,715	14,460,715
19. Ending reserves and liabilities.....			18,316,503	18,316,503
20. Paid claims and cost containment expenses.....	0	0	145,127,762	145,127,762

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

Sch. S - Pt. 1 - Sn. 2
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						
82627.....	06-0839705....	10/01/1990	Swiss Re Life & Health America.....	IN.....	1,881	.....
82627.....	06-0839705....	01/01/1990	Swiss Re Life & Health America.....	IN.....	87,874	54,255
63312.....	13-1935920....	08/31/2013	Great American Life Insurance Company.....	OH.....	.....	.....3,000
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				89,755	57,255
1099999.	Total - Life and Annuity Non-Affiliates.....				89,755	57,255
1199999.	Total - Life and Annuity.....				89,755	57,255
2399999.	Total U.S.....				89,755	57,255
9999999.	Total.....				89,755	57,255

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
82627.....	06-0839705....	10/01/1990	Swiss Re Life & Health of America.....	IN.....	ACO/I.....	OA.....	.....	.....275,556	304,304	.....	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1990	Swiss Re Life & Health of America.....	IN.....	ACO/I.....	OA.....	.....	.....11,590,523	12,494,139	7,581	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	.....	OL.....	1,000,000	650,935	654,429	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						1,000,000	12,517,014	13,452,872	7,581	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						1,000,000	12,517,014	13,452,872	7,581	0	0	0	0
1199999.	Total - General Account - Authorized.....						1,000,000	12,517,014	13,452,872	7,581	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						1,000,000	12,517,014	13,452,872	7,581	0	0	0	0
6999999.	Total U.S.....						1,000,000	12,517,014	13,452,872	7,581	0	0	0	0
9999999.	Total.....						1,000,000	12,517,014	13,452,872	7,581	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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-3190987....	..07/01/2014	Cigna Global Reinsurance Company.....	BMU.....	CAT/G.....	A.....	16,174	.....	.....	.....	.....	.....	.....
0999999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						16,174	0	0	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates.....						16,174	0	0	0	0	0	0
1199999	Total - General Account - Authorized.....						16,174	0	0	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified.....						16,174	0	0	0	0	0	0
7099999	Total - Non-U.S.....						16,174	0	0	0	0	0	0
9999999	Total.....						16,174	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	24	5	11	702	6
2. Commissions and reinsurance expense allowances.....	26	22	45	30	39
3. Contract claims.....	1,363	1,571	1,596	1,565	1,865
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....				(528)	(1,865)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	1	1	7	3	1
9. Aggregate reserves for life and accident and health contracts.....	12,517	13,453	14,568	15,625	16,053
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	57	52	78	53	52
12. Amounts recoverable on reinsurance.....	90	167	230	439	196
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....					XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....					XXX
23. Funds deposited by and withheld from (F).....					XXX
24. Letters of credit (L).....					XXX
25. Trust agreements (T).....					XXX
26. Other (O).....					XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	76,567,698		76,567,698
2. Reinsurance (Line 16).....	89,755		89,755
3. Premiums and considerations (Line 15).....	270,132	1,363	271,495
4. Net credit for ceded reinsurance.....	XXX	12,572,906	12,572,906
5. All other admitted assets (balance).....	509,771		509,771
6. Total assets excluding Separate Accounts (Line 26).....	77,437,356	12,574,269	90,011,625
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	77,437,356	12,574,269	90,011,625
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	4,795,753	12,517,014	17,312,767
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	18,316,706	57,255	18,373,961
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	1,882,447		1,882,447
14. Other contract liabilities (Line 9).....			0
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	5,138,667		5,138,667
20. Total liabilities excluding Separate Accounts (Line 26).....	30,133,573	12,574,269	42,707,842
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	30,133,573	12,574,269	42,707,842
23. Capital & surplus (Line 38).....	47,303,783	XXX	47,303,783
24. Total liabilities, capital & surplus (Line 39).....	77,437,356	12,574,269	90,011,625
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	12,517,014		
26. Claim reserves.....	57,255		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	12,574,269		
34. Premiums and considerations.....	1,363		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	1,363		
41. Total net credit for ceded reinsurance.....	12,572,906		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				6
			1	2	3	4	
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
							Totals
1.	Alabama.....	AL	6,816				6,816
2.	Alaska.....	AK					0
3.	Arizona.....	AZ	4,781				4,781
4.	Arkansas.....	AR	(749)				(749)
5.	California.....	CA					0
6.	Colorado.....	CO	9,281				9,281
7.	Connecticut.....	CT					0
8.	Delaware.....	DE					0
9.	District of Columbia.....	DC					0
10.	Florida.....	FL	4,090	975			5,065
11.	Georgia.....	GA	12,407	570			12,977
12.	Hawaii.....	HI					0
13.	Idaho.....	ID					0
14.	Illinois.....	IL	29,089				29,089
15.	Indiana.....	IN	11,131				11,131
16.	Iowa.....	IA	2,898				2,898
17.	Kansas.....	KS	4,635				4,635
18.	Kentucky.....	KY	8,825				8,825
19.	Louisiana.....	LA	3,730				3,730
20.	Maine.....	ME					0
21.	Maryland.....	MD					0
22.	Massachusetts.....	MA					0
23.	Michigan.....	MI					0
24.	Minnesota.....	MN					0
25.	Mississippi.....	MS	5,629				5,629
26.	Missouri.....	MO	831				831
27.	Montana.....	MT	1,663				1,663
28.	Nebraska.....	NE	5,093				5,093
29.	Nevada.....	NV	2,494				2,494
30.	New Hampshire.....	NH					0
31.	New Jersey.....	NJ					0
32.	New Mexico.....	NM	3,662				3,662
33.	New York.....	NY					0
34.	North Carolina.....	NC					0
35.	North Dakota.....	ND					0
36.	Ohio.....	OH	15,336				15,336
37.	Oklahoma.....	OK	12,411				12,411
38.	Oregon.....	OR					0
39.	Pennsylvania.....	PA	23,850				23,850
40.	Rhode Island.....	RI					0
41.	South Carolina.....	SC	9,178				9,178
42.	South Dakota.....	SD	654				654
43.	Tennessee.....	TN	7,062	3,129			10,191
44.	Texas.....	TX	39,699	2,907			42,606
45.	Utah.....	UT	1,605				1,605
46.	Vermont.....	VT					0
47.	Virginia.....	VA	34,775				34,775
48.	Washington.....	WA					0
49.	West Virginia.....	WV	1,343				1,343
50.	Wisconsin.....	WI	2,394				2,394
51.	Wyoming.....	WY					0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		264,613	7,581	0	0	272,194

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
0901.....	Cigna Group.....		06-1059331..	1591167.....	0000701221	US.....	Cigna Corporation.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1072796..	1591167.....	0000701221		Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0402128..	1591167.....	0000701221		Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1095823..	1591167.....	0000701221		Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-0291385..	1591167.....	0000701221		Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-1914061..	1591167.....	0000701221		Former Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-0861092..	1591167.....	0000701221		Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1336442..	1591167.....	0000701221		Cigna Mezzanine Partners III, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1336442..	1591167.....	0000701221		Cigna Mezzanine Partners III, L.P.....	DE.....	NIA.....	Cigna Mezzanine Partners III, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		01-0947889..	1591167.....	0000701221		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-0840391..	1591167.....	0000701221		Connecticut General Corporation.....	CT.....	UIP.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0585518..	1591167.....	0000701221		Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	12814..	20-4433475..	1591167.....	0000701221		Allegiance Life & Health Insurance Company.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-3851464..	1591167.....	0000701221		Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0400550..	1591167.....	0000701221		Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		71-0916514..	1591167.....	0000701221		Allegiance COBRA Services, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0425785..	1591167.....	0000701221		Intermountain Underwriters, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Star Point, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-1821898..	1591167.....	0000701221		HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		76-0628370..	1591167.....	0000701221		NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-1929677..	1591167.....	0000701221		NewQuest Management Northeast, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	10095..	52-2259087..	1591167.....	0000701221		Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	11254..	52-2363406..	1591167.....	0000701221		Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	12902..	20-8534298..	1591167.....	0000701221		HealthSpring Life & Health Insurance Company, Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	95781..	63-0925225..	1591167.....	0000701221		HealthSpring of Alabama, Inc.....	AL.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	11532..	65-1129599..	1591167.....	0000701221		HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		77-0632665..	1591167.....	0000701221		NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-4954206..	1591167.....	0000701221		NewQuest Management of Florida, LLC.....	GA.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-8647386..	1591167.....	0000701221		HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		45-0633893..	1591167.....	0000701221		NewQuest Management of West Virginia, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		75-3108527..	1591167.....	0000701221		TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		75-3108521..	1591167.....	0000701221		HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		76-0657035..	1591167.....	0000701221		GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	99.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....	.....	33-1033586..	1591167....	0000701221	.....	NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	72-1559530..	1591167....	0000701221	.....	HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	62-1540621..	1591167....	0000701221	.....	HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11522..	62-1593150..	1591167....	0000701221	.....	HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	20-5524622..	1591167....	0000701221	.....	Tennessee Quest, LLC.....	TN.....	NIA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	26-2353476..	1591167....	0000701221	.....	HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	26-2353772..	1591167....	0000701221	.....	HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	20-4266628..	.....	.....	.....	Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	13733..	03-0452349..	1591167....	0000701221	.....	Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	41-1648670..	1591167....	0000701221	.....	Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	94-3107309..	1591167....	0000701221	.....	Cigna Behavioral Health of California, Inc.....	CA.....	IA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	75-2751090..	1591167....	0000701221	.....	Cigna Behavioral Health of Texas, Inc.	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	06-1346406..	1591167....	0000701221	.....	MCC Independent Practice Association of New York, Inc.	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	59-2308055..	1591167....	0000701221	.....	Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	59-2600475..	1591167....	0000701221	.....	Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11175..	59-2675861..	1591167....	0000701221	.....	Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95380..	59-2676987..	1591167....	0000701221	.....	Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52021..	59-1611217..	1591167....	0000701221	.....	Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	06-1351097..	1591167....	0000701221	.....	Cigna Dental Health of Illinois, Inc.....	IL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52024..	59-2625350..	1591167....	0000701221	.....	Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52108..	59-2619589..	1591167....	0000701221	.....	Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11160..	06-1582068..	1591167....	0000701221	.....	Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11167..	59-2308062..	1591167....	0000701221	.....	Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95179..	56-1803464..	1591167....	0000701221	.....	Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47805..	59-2579774..	1591167....	0000701221	.....	Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47041..	52-1220578..	1591167....	0000701221	.....	Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95037..	59-2676977..	1591167....	0000701221	.....	Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52617..	52-2188914..	1591167....	0000701221	.....	Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47013..	86-0807222..	1591167....	0000701221	.....	Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	48119..	59-2740468..	1591167....	0000701221	.....	Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	62-1312478..	1591167....	0000701221	.....	Cigna Health Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0387748..	1591167....	0000701221	.....	Healthsource, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95125..	86-0334392..	1591167....	0000701221	.....	Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	95-3310115..	1591167....	0000701221	.....	Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95604..	84-1004500..	1591167....	0000701221	.....	Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95660..	06-1141174..	1591167....	0000701221	.....	Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....	95136..	59-2089259..	1591167.....	0000701221	.....	Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95602..	36-3385638..	1591167.....	0000701221	.....	Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95477..	01-0418220..	1591167.....	0000701221	.....	Cigna HealthCare of Maine, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95220..	02-0402111..	1591167.....	0000701221	.....	Cigna HealthCare of Massachusetts, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95599..	52-1404350..	1591167.....	0000701221	.....	Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95493..	02-0387749..	1591167.....	0000701221	.....	Cigna HealthCare of New Hampshire, Inc.....	NH.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95500..	22-2720890..	1591167.....	0000701221	.....	Cigna HealthCare of New Jersey, Inc.....	NJ.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95121..	23-2301807..	1591167.....	0000701221	.....	Cigna HealthCare of Pennsylvania, Inc.....	PA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95635..	36-3359925..	1591167.....	0000701221	.....	Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95518..	62-1230908..	1591167.....	0000701221	.....	Cigna HealthCare of Utah, Inc.....	UT.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	96229..	58-1641057..	1591167.....	0000701221	.....	Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95383..	74-2767437..	1591167.....	0000701221	.....	Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95525..	35-1679172..	1591167.....	0000701221	.....	Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95606..	62-1218053..	1591167.....	0000701221	.....	Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95132..	56-1479515..	1591167.....	0000701221	.....	Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95708..	06-1185590..	1591167.....	0000701221	.....	Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Temple Insurance Company Limited.....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	86-3581583..	1591167.....	0000701221	.....	Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0467679..	1591167.....	0000701221	.....	Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0515554..	1591167.....	0000701221	.....	Choicelinx Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	35-1641636..	1591167.....	0000701221	.....	Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	84-0985843..	1591167.....	0000701221	.....	Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95388..	93-1174749..	1591167.....	0000701221	.....	Great-West Healthcare of Illinois, Inc.....	IL.....	IA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0495422..	1591167.....	0000701221	.....	Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	64548..	13-2556568..	3281743.....	0000701221	.....	Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	62308..	06-0303370..	1591167.....	0000701221	.....	Connecticut General Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	45-3481107..	1591167.....	0000701221	.....	CG Mystic Center LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Station Landing, LLC.....	DE.....	IA.....	CG Mystic Center LLC.....	Ownership.....	..85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	45-3481241..	1591167.....	0000701221	.....	CG Mystic Land LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	ND/CG HOLDING, LLC.....	MA.....	IA.....	CG Mystic Land LLC.....	Ownership.....	..50.000	Cigna Corporation and ND Mystic Center Holding LLC (non-affiliate)	.....
0901.....	Cigna Group.....	.....	20-3870049..	1591167.....	0000701221	.....	CG Skyline, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Skyline ND/CG LLC.....	MA.....	IA.....	CG Skyline LLC.....	Ownership.....	..85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	ND Mystic Center Note LLC.....	DE.....	IA.....	Skyline ND/CG LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Skyline Mezzanine Borrower LLC.....	MA.....	IA.....	Skyline ND/CG LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Skyline at Station Landing LLC.....	MA.....	IA.....	Skyline Mezzanine Borrower LLC.....	Ownership.....	..100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		26-0180898..	1591167....	0000701221		CareAllies, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		CG Bayport LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company ..	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		Bayport Colony Apartments LLC.....	FL.....	IA.....	CG Bayport LLC.....	Ownership.....	...99.900	Cigna Corporation.....	
0901.....	Cigna Group.....		32-0222252..	1591167....	0000701221		Cigna Onsite Health, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		Gillette Ridge Community Council, Inc.....	CT.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-3700105..	1591167....	0000701221		Gillette Ridge Golf, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-2149519..	1591167....	0000701221		Hazard Center Investment Company LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-3074013..	1591167....	0000701221		TEL-DRUG of Pennsylvania, L.L.C.....	PA.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				GRG Acquisitions LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-5402196..	1591167....	0000701221		Cigna Affiliates Realty Investment Group, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		CR Longwood Investors L.P.....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...27.030	Charles River Realty Longwood, LLC (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		ND/CR Longwood LLC.....	DE.....	IA.....	CR Longwood Investors L.P.....	Ownership.....	...95.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		ARE/ND/CR Longwood LLC.....	DE.....	IA.....	ND / CR Longwood LLC.....	Ownership.....	...35.000	ARE-MA Region No. 41, LLC (non-affiliate).....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		121 Tasman Apartments LLC.....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		Secon Properties, LP.....	CA.....	IA.....	Cigna Affiliates Realty Investment Group, LLC....	Ownership.....	...50.000	South Coast Plaza Associates, LLC (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..				Transwestern Federal Holdings, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...7.616	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Transwestern Federal , L.L.C.....	DE.....	NIA.....	Transwestern Federal Holdings, L.L.C.....	Ownership.....	...7.616	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		CR Washington Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...33.820	Charles River Washington Street LLC (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		Civic Holding, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		AEW/FDG, LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...13.640	AEW Core Property Trust Holding LP (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		ND/CR Unicorn LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...70.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		Union Wharf Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		AMD Apartments Limited Partership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		SP Newport Crossing LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		PUR Arbors Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...87.500	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		CG Seventh Street LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...87.500	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167....	0000701221		Ideal Properties II LLC.....	CA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		80-0668090..	1591167....	0000701221		Alessandro Partners, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...95.200	Cigna Corporation.....	
0901.....	Cigna Group.....		80-0908244..				Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...80.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		00-0000000..				Houston Briar Forest Apartments Limited Partnership	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...71.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...50.000	Cigna Corporation and Newtown Square	
0901.....	Cigna Group.....		00-0000000..				AFA Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				SB-SNH LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				CGGL 18301 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		UNICO/CG Commonwealth LLC.....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Commonwealth Acquisition LLC.....	DE.....	IA.....	Unico / CG Commonwealth LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...71.400	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		47-4235739..				CI Perris 151, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		47-4375626..				Lakehills CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-0268530..	1591167.....	0000701221		CORAC, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3923999..	1591167.....	0000701221		Bridgepoint Office Park Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3126102..	1591167.....	0000701221		Fairway Center Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3582688..	1591167.....	0000701221		Henry on the Park Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....	67369..	59-1031071..	1591167.....	0000701221		Cigna Health and Life Insurance Company.....	CT.....	UDP.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		45-2681649..	1591167.....	0000701221		CarePlexus, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3396038..	1591167.....	0000701221		Cigna Corporate Services, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-1903785..	1591167.....	0000701221		Cigna Insurance Agency, LLC.....	CT.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		34-1970892..				Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	61727..	34-0970995..				Central Reserve Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	67903..	23-1335885..				Provident American Life & Health Insurance Company	OH.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	65269..	75-2305400..				United Benefit Life Insurance Company.....	OH.....	IA.....	Provident American Life and Health Insurance Company	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	65722..	63-0343428..				Loyal American Life Insurance Company.....	OH.....	UIP.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	88366..	59-2760189..				American Retirement Life Insurance Company.....	OH.....	RE.....	Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-3744987..				QualCare Alliance Networks, Inc.....	NJ.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		22-3129563..				QualCare, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		22-2483867..				Scibal Associates, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		46-1634843..				QualCare Captive Insurance Company Inc., PCC...	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-1801639..				QualCare Management Resources Limited Liability Company	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-2086778..				Health-Lynx, LLC.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	77399..	13-1867829..				Sterling Life Insurance Company.....	IL.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		91-1500758..				Olympic Health Management Systems, Inc.....	WA.....	NIA.....	Sterling Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		91-1599329..				Olympic Health Management Services, Inc.....	WA.....	NIA.....	Olympic Health Management Systems, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0455414..				WorldDoc, Inc.....	NV.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...20.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-1728483..	1591167...	0000701221		Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-8064696..	1591167...	0000701221		Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	65498..	23-1503749..	1591167...	0000701221		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167...	0000701221		Cigna & CMB Life Insurance Company Limited	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		58-1136865..	1591167...	0000701221		Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-0427127..	1591167...	0000701221		Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167...	0000701221		Vielife Holdings Limited	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...70.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167...	0000701221		Vielife Limited	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		98-0463704..	1591167...	0000701221		Vielife Services, Inc.	DE.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167...	0000701221		Businesshealth UK Limited.....	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1332403..	1591167...	0000701221		CG Individual Tax Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1332405..	1591167...	0000701221		CG Life Pension Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1332401..				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		62-1724116..	1591167...	0000701221		Cigna Federal Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2741293..	1591167...	0000701221		Cigna Healthcare Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2924152..	1591167...	0000701221		Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2741294..	1591167...	0000701221		Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1071502..	1591167...	0000701221		Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1522976..	1591167...	0000701221		Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1567902..	1591167...	0000701221		Cigna Resource Manager, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1252419..	1591167...	0000701221		Connecticut General Benefit Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1533555..	1591167...	0000701221		Healthsource Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		35-2041388..	1591167...	0000701221		IHN, Inc.....	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1252418..	1591167...	0000701221		LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0334401..	1591167...	0000701221		Mediversal, Inc.	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0344624..	1591167...	0000701221		Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0389196..	1591167...	0000701221		Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0111677..	1591167...	0000701221		Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2610178..	1591167...	0000701221		Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....	.....	30-3087621..	1591167....	0000701221	.....	Cigna International Marketing (Thailand) Limited....	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.900	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.780	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...56.020	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	AA-3190987..	1591167....	0000701221	.....	Cigna Global Reinsurance Company, Ltd.....	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	23-3009279..	1591167....	0000701221	.....	Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	46-4110289..	.....	.....	.....	Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	98-1146864..	.....	.....	.....	Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Laurel Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Apac Holdings Limited.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	98-1137759..	.....	.....	.....	Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Korea Foundation.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Hong Kong Holdings Company Limited.....	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Data Services (Shanghai) Company Limited.....	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna HLA Technology Services Limited.....	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Worldwide General Insurance Company Limited.....	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Worldwide Life Insurance Company Limited.....	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna International Health Services Sdn. Bhd.....	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna International Health Services Sdn. Bhd....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	AA-1560515..	1591167....	0000701221	.....	Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited).....	KOR.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	LINA Financial Service.....	KOR.....	NIA.....	Cigna Korea Chusik Heosa.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...49.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Brokerage & Marketing (Thailand) Limited....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	KDM (Thailand) Limited.....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...99.900	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167....	0000701221	.....	Cigna Taiwan Life Assurance Company Limited....	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	98-1154657..	.....	.....	.....	Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...50.540	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	98-1155943..	.....	.....	.....	Cigna Elmwood Holdings, SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	98-1181787..	.....	.....	.....	Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...51.000	Cigna Corporation.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		AA-1240009..	1591167.....	0000701221		Cigna Life Insurance Company of Europe S.A.-N.V.	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.993	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.999	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Oak Holdings, Ltd.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Willow Holdings, Ltd.....	GBR.....	NIA.....	Cigna Oak Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		FirstAssist Administration Limited	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Legal Protection Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Insurance Services (Europe) Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, Ltd. SPRL.....	Ownership.....	...51.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna International Health Services, LLC	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna International Health Services Kenya Limited.....	KEN.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Sequoia Holdings SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	TUR.....	IA.....	Cigna Magnolia Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Nederland Beta B.V.	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Finans Emeklilik Ve Hayat A.S.	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	...51.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-4099800..				Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.160	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	...99.990	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Global Insurance Company Limited.....	GBR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				CignaTTK Health Insurance Company Limited.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...26.000	TTK (non-affiliate).....	
0901.....	Cigna Group.....		00-0000000..				Cigna SAICO Benefits Services W.L.L.....	BHR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...50.000	Cigna Corporation and SAICO (non affiliate).....	
0901.....	Cigna Group.....	90859..	23-2088429..	1591167.....	0000701221		Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		AA-5360003..	1591167.....	0000701221		PT. Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.1	26-2353772.....	HealthSpring Pharmacy of Tennessee, LLC.....									0	
	20-4266628.....	Home Physicians Management, LLC.....									0	
	13733.....	03-0452349.....	Cigna Arbor Life Insurance Company.....				(9,334)				(9,334)	
	41-1648670.....	Cigna Behavioral Health, Inc.....	(160,000,000)				5,304,421				(154,695,579)	
	94-3107309.....	Cigna Behavioral Health of California, Inc.....									0	
	75-2751090.....	Cigna Behavioral Health of Texas, Inc.									0	
	06-1346406.....	MCC Independent Practice Association of New York, Inc.									0	
	59-2308055.....	Cigna Dental Health, Inc.....	(45,125,000)				32,733,883				(12,391,117)	
	59-2600475.....	Cigna Dental Health Of California, Inc.....	(11,700,000)			(147,500)	(413,397)				(12,260,897)	
	11175.....	59-2675861.....	Cigna Dental Health Of Colorado, Inc.....	(2,000,000)			(891,348)				(2,891,348)	
	95380.....	59-2676987.....	Cigna Dental Health Of Delaware, Inc.....				(18,817)				(18,817)	
	52021.....	59-1611217.....	Cigna Dental Health Of Florida, Inc.....	(8,475,000)			(3,105,316)				(11,580,316)	
		06-1351097.....	Cigna Dental Health of Illinois, Inc.....			(23,000)					(23,000)	
	52024.....	59-2625350.....	Cigna Dental Health Of Kansas, Inc.....	(330,000)			(165,736)				(495,736)	
	52108.....	59-2619589.....	Cigna Dental Health Of Kentucky, Inc.....	(2,800,000)			(1,150,247)				(3,950,247)	
	11160.....	06-1582068.....	Cigna Dental Health Of Missouri, Inc.....	(620,000)			(505,431)				(1,125,431)	
	11167.....	59-2308062.....	Cigna Dental Health Of New Jersey, Inc.....	(1,000,000)			(1,469,517)				(2,469,517)	
	95179.....	56-1803464.....	Cigna Dental Health Of North Carolina, Inc.....				(535,503)				(535,503)	
	47805.....	59-2579774.....	Cigna Dental Health Of Ohio, Inc.....	(1,650,000)			(933,629)				(2,583,629)	
	47041.....	52-1220578.....	Cigna Dental Health Of Pennsylvania, Inc.....	(2,800,000)			(565,494)				(3,365,494)	
	95037.....	59-2676977.....	Cigna Dental Health Of Texas, Inc.....	(11,000,000)			(3,633,308)				(14,633,308)	
	52617.....	52-2188914.....	Cigna Dental Health Of Virginia, Inc.....	(1,300,000)			(585,349)				(1,885,349)	
	47013.....	86-0807222.....	Cigna Dental Health Plan Of Arizona, Inc.....	(4,100,000)			298,639				(3,801,361)	
	48119.....	59-2740468.....	Cigna Dental Health Of Maryland, Inc.....	(3,100,000)			(1,249,175)				(4,349,175)	
		62-1312478.....	Cigna Health Corporation.....	(48,525,000)			(2,428,598)				(50,953,598)	
		02-0387748.....	Healthsource, Inc.....	(5,000,000)							(5,000,000)	
	95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....	27,000,000			(42,399,034)	(803,240)			(16,202,274)	814,861
		95-3310115.....	Cigna HealthCare of California, Inc.....	5,000,000			(105,004)				4,894,996	4,662,936
	95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....				(221,151)	146,480			(74,671)	69,090
	95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....				(3,526,955)	(3,524)			(3,530,479)	1,866
	95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....				(74,106)	(21,923)			(96,029)	11,608
	95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....			(23,000)	(75,111)	(13,543)			(111,654)	7,171
	95477.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....				(545)				(545)	
	95220.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....				(6)				(6)	
	95599.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....				(3,097)				(3,097)	
	95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.....				(17,663)				(17,663)	
	95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....				(63,945)	4,066			(59,879)	9,759
	95121.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....								0	
	95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....	6,600,000			(288,250)	319,715			6,631,465	51,946
	95518.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....				(1)				(1)	
	96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....	25,600,000			(45,855,957)	(15,967)			(20,271,924)	8,454
	95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....				(9,959,246)	2,027,890			(7,931,356)	589,419

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.3	00-0000000.....	Arborpoint at Market Street LLC.....									0	
	00-0000000.....	Diamondview Tower CM-CG LLC.....									0	
	00-0000000.....	CR Washington Street Investors LP.....									0	
	00-0000000.....	Civic Holding, LLC.....									0	
	00-0000000.....	Dulles Town Center Mall, LLC.....									0	
	00-0000000.....	AEW/FDG, LP.....									0	
	00-0000000.....	ND/CR Unicorn LLC.....									0	
	00-0000000.....	Union Wharf Apartments LLC.....									0	
	00-0000000.....	AMD Apartments Limited Partership.....									0	
	00-0000000.....	SP Newport Crossing LLC.....									0	
	00-0000000.....	PUR Arbors Apartments Venture LLC.....									0	
	00-0000000.....	CG Seventh Street LLC.....									0	
	00-0000000.....	Ideal Properties II LLC.....									0	
	80-0668090.....	Alessandro Partners, LLC.....									0	
	80-0908244.....	Mallory Square Partners I, LLC.....									0	
	00-0000000.....	Houston Briar Forest Apartments Limited Partnership.....									0	
	00-0000000.....	Newtown Partners II, LP.....									0	
	00-0000000.....	Newtown Square GP LLC.....									0	
	00-0000000.....	AFA Apartments Limited Partnership.....									0	
	00-0000000.....	SB-SNH LLC.....									0	
	00-0000000.....	680 Investors LLC.....									0	
	00-0000000.....	685 New Hampshire LLC.....									0	
	00-0000000.....	CGGL 18301 LLC.....									0	
	00-0000000.....	UNICO/CG Commonwealth LLC.....									0	
	00-0000000.....	Commonwealth Acquisition LLC.....									0	
	00-0000000.....	222 Main Street CARING GP LLC.....									0	
	00-0000000.....	222 Main Street Investors LP.....									0	
	00-0000000.....	Notch 8 Residential, L.L.C.....									0	
	00-0000000.....	UVL, LLC.....									0	
	00-0000000.....	3601 North Fairfax Drive Associates, LLC.....									0	
	47-4235739.....	CI Perris 151, LLC.....									0	
	47-4375626.....	Lakehills CM-CG LLC.....									0	
	27-0268530.....	CORAC, LLC.....		(80,199,738)							(80,199,738)	
	27-3923999.....	Bridgepoint Office Park Associates, LLC.....									0	
	27-3126102.....	Fairway Center Associates, LLC.....									0	
	27-3582688.....	Henry on the Park Associates, LLC.....									0	
67369.....	59-1031071.....	Cigna Health and Life Insurance Company.....	(730,000,000)	64,865,722			(488,120,830)	(123,384,545)			(1,276,639,653)	(90,613,509)
	45-2681649.....	CarePlexus, LLC.....									0	
	27-3396038.....	Cigna Corporate Services, LLC.....									0	
	27-1903785.....	Cigna Insurance Agency, LLC.....									0	
	34-1970892.....	Ceres Sales of Ohio, LLC.....									0	
61727.....	34-0970995.....	Central Reserve Life Insurance Company.....					(11,667)				(11,667)	

SCHEDULE Y

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

53.4

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
67903.....	23-1335885.....	Provident American Life & Health Insurance Company.....	.....	.....	.....	.....	(15,167)	.....	.....	.....	(15,167)	.....
65269.....	75-2305400.....	United Benefit Life Insurance Company.....	.....	.....	.....	.....	(3,500)	.....	.....	.....	(3,500)	.....
65722.....	63-0343428.....	Loyal American Life Insurance Company.....	.....	.....	.....	.....	(222,842)	.....	.....	.....	(222,842)	.....
88366.....	59-2760189.....	American Retirement Life Insurance Company.....	.....	.....	.....	.....	(95,670)	.....	.....	.....	(95,670)	.....
.....	23-3744987.....	QualCare Alliance Networks, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	22-3129563.....	QualCare, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	22-2483867.....	Scibal Associates, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	46-1634843.....	QualCare Captive Insurance Company Inc., PCC.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	46-1801639.....	QualCare Management Resources Limited Liability Company.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	46-2086778.....	Health-Lynx, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	13-1867829.....	Sterling Life Insurance Company.....	(20,000,000)	.....	.....	.....	(3,792)	.....	.....	.....	(20,003,792)	.....
.....	91-1500758.....	Olympic Health Management Systems, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	91-1599329.....	Olympic Health Management Services, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	88-0455414.....	WorldDoc, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	23-1728483.....	Cigna Health Management, Inc.....	(2,000,000)	.....	.....	.....	162,991,869	.....	.....	.....	160,991,869	.....
.....	20-8064696.....	Kronos Optimal Health Company.....	.....	.....	.....	.....	758,055	.....	.....	.....	758,055	.....
65498.....	23-1503749.....	Life Insurance Company of North America.....	(75,000,000)	42,191,295	.....	(434,866)	(27,390,763)	(96,436,377)	.....	.....	(157,070,711)	(1,234,151,375)
.....	00-0000000.....	Cigna & CMB Life Insurance Company Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	58-1136865.....	Cigna Direct Marketing Company, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	46-0427127.....	Tel-Drug, Inc.....	(55,000,000)	.....	.....	.....	(75,836)	.....	.....	.....	(55,075,836)	.....
.....	00-0000000.....	Vielife Holdings Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	00-0000000.....	Vielife Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	98-0463704.....	Vielife Services, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	00-0000000.....	Businesshealth UK Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1332403.....	CG Individual Tax Benefits Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1332405.....	CG Life Pension Benefits Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1332401.....	CG LINA Pension Benefits Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	62-1724116.....	Cigna Federal Benefits, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	23-2741293.....	Cigna Healthcare Benefits, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	23-2924152.....	Cigna Integratedcare, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	23-2741294.....	Cigna Managed Care Benefits Company.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1071502.....	Cigna RE Corporation.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1522976.....	Blodget & Hazard Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1567902.....	Cigna Resource Manager, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1252419.....	Connecticut General Benefit Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	06-1533555.....	Healthsource Benefits, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	35-2041388.....	IHN, Inc.....	.....	.....	.....	.....	(4,673)	.....	.....	.....	(4,673)	.....
.....	06-1252418.....	LINA Benefit Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	88-0334401.....	Mediversal, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	88-0344624.....	Universal Claims Administration.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
.....	51-0389196.....	Cigna Global Holdings, Inc.....	(22,128,868)	124,218,000	.....	.....	.....	.....	.....	.....	102,089,132	.....
.....	51-0111677.....	Cigna International Corporation, Inc.....	.....	.....	.....	.....	(11,000,062)	.....	.....	.....	(11,000,062)	.....

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

[illegible]

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.6	00-0000000.....	Cigna International Health Services, BVBA.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna International Health Services, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna International Health Services Kenya Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Sequoia Holdings SPRL.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Magnolia Holdings, Ltd.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Beta B.V.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Gamma B.V.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Finans Emeklilik Ve Hayat A.S.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Health Solution India Pvt. Ltd.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	46-4099800.....	Cigna Poplar Holdings, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	PT GAR Indonesia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	PT PGU Indonesia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Global Insurance Company Limited.....	.....	.....	.....	.....	.....(2,724,993)	(9,203)	.....	.....	.....(2,734,196)	1,509,176
	00-0000000.....	CignaTTK Health Insurance Company Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna SAICO Benefits Services W.L.L.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	90859.....23-2088429.....	Cigna Worldwide Insurance Company.....	(4,050,037)	.....	.....	.....	.....(294,904)	543,080	.....	.....	.....(3,801,861)	(4,480,356)
	AA-5360003.....	PT. Asuransi Cigna.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Teak Holdings, LLC.....	.....	.....	.....	.....0	.....	.....	.....	.....	.....0	.....
9999999.....	Control Totals.....	.....	.....0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	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?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	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?	NO
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

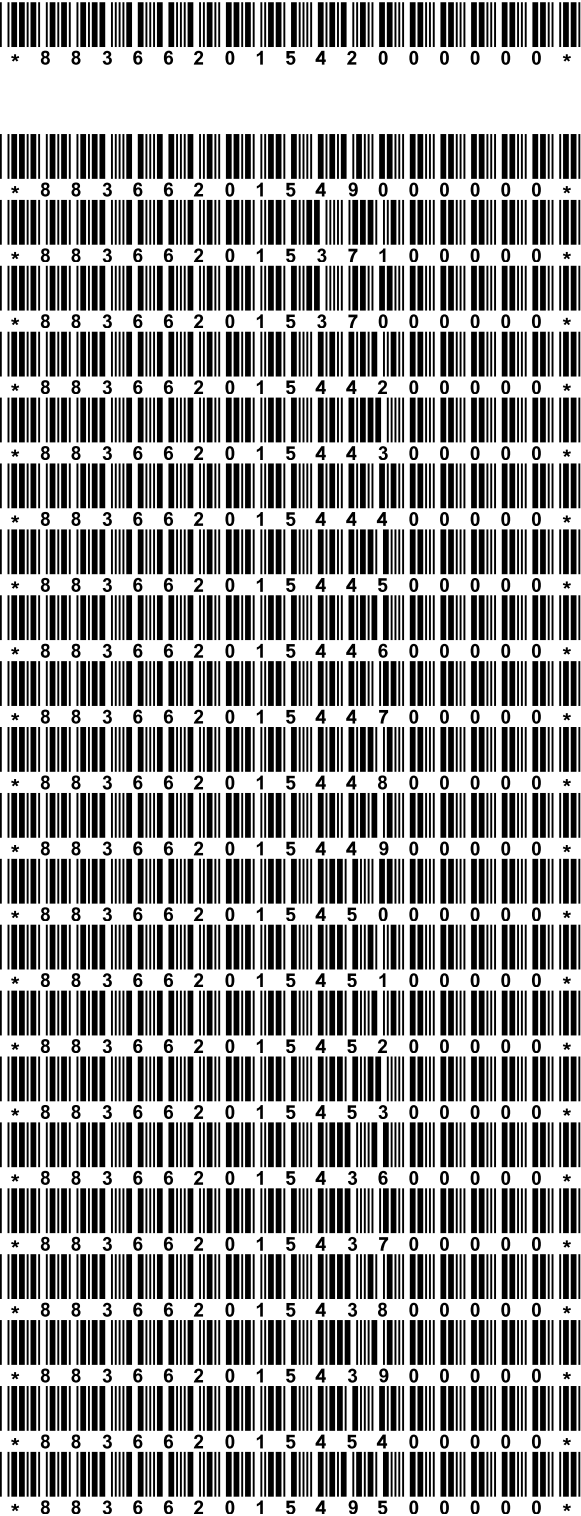
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:

BAR CODE:

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. The data for this supplement is not required to be filed.
16. Not available at this time
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.



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.	 * 8 8 3 6 6 2 0 1 5 3 6 5 0 0 0 0 0 *
37. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 2 2 4 0 0 0 0 0 *
38. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 2 2 5 0 0 0 0 0 *
39. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 2 2 6 0 0 0 0 0 *
40.	
41. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 3 0 6 0 0 0 0 0 *
42.	
43. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 2 3 0 0 0 0 0 0 *
44.	
45.	
46. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 5 1 1 0 0 0 0 0 *
47. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 2 1 6 0 0 0 0 0 *
48. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 2 1 7 0 0 0 0 0 *
49. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 4 3 5 0 0 0 0 0 *
50. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 3 4 5 0 0 0 0 0 *
51. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 5 2 2 3 0 0 0 0 0 *

American Retirement Life Insurance Company
Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

		Insurance				5	6
		1	Accident and Health		4		
			2	3			
			Life	Cost Containment				All Other	All Other Lines of Business
09.304. Consulting.....	2,756		2,259,687			2,262,443	
09.305. Marketing Leads.....	144		1,974,303			1,974,447	
09.397. Summary of remaining write-ins for Line 9.3.....	2,900	0	4,233,990	0	0	4,236,890	

Overflow Page for Write-Ins

NONE

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	34.....	12/28/2012.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....2,173,720.....	1,771,278.....	81.5.....	1,315.....
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	34.....	12/28/2012.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....863,794.....	631,706.....	73.1.....	613.....
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	34.....	12/28/2012.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....260,906.....	172,642.....	66.2.....	225.....
.....YES.....	AR-MSD-AA-F-AL.....	F.....	NO.....	24.....	01/17/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....394,859.....	319,257.....	80.9.....	252.....
.....YES.....	AR-MSD-AA-G-AL.....	G.....	NO.....	24.....	01/17/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....203,505.....	153,901.....	75.6.....	164.....
.....YES.....	AR-MSD-AA-N-AL.....	N.....	NO.....	24.....	01/17/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....75,167.....	74,392.....	99.0.....	80.....
.....YES.....	AR-MSX-AA-F-AL.....	F.....	NO.....	35.....	03/27/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....153.....	204.....	133.3.....	1.....
.....YES.....	AR-MSX-AA-G-AL.....	G.....	NO.....	35.....	03/27/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....246.....	.....	.....0.0.....	2.....
.....YES.....	AR-MSX-AA-HDF-AL.....	H.....	NO.....	35.....	03/27/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....53.....	.....	.....0.0.....	1.....
.....YES.....	AR-MSX-AA-HDF-AL.....	D.....	NO.....	35.....	03/27/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	AR-MSX-AA-HDF-AL.....	F.....	NO.....	35.....	03/27/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	AR-MSX-AA-N-AL.....	N.....	NO.....	35.....	03/27/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....756.....	233.....	30.8.....	3.....
0199999.	Total Policy Experience on Individual Policies.....									0.....	0.....	0.0.....	0.....	3,973,159.....	3,123,613.....	78.6.....	2,656.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-CR-F-AR.....	F.....	NO.....	...34.....	.03/06/2013				Medicare Supplement.....			0.0		582,568	568,842	97.6	356
.....YES.....	AR-MS-CR-G-AR.....	G.....	NO.....	...34.....	.03/06/2013				Medicare Supplement.....			0.0		252,080	164,984	65.4	199
.....YES.....	AR-MS-CR-N-AR.....	N.....	NO.....	...34.....	.03/06/2013				Medicare Supplement.....			0.0		77,774	41,868	53.8	75
.....YES.....	AR-MSD-CR-F-AR....	F.....	NO.....	...24.....	.04/02/2013				Medicare Supplement.....			0.0		149,425	114,430	76.6	94
.....YES.....	AR-MSD-CR-G-AR...	G.....	NO.....	...24.....	.04/02/2013				Medicare Supplement.....			0.0		63,565	28,510	44.9	47
.....YES.....	AR-MSD-CR-N-AR...	N.....	NO.....	...24.....	.04/02/2013				Medicare Supplement.....			0.0		32,757	22,564	68.9	29
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,158,169	941,198	81.3	800

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-IA-F-AZ.....	F.....	NO.....	...34.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....637,450	494,697	77.6	350
.....YES.....	AR-MS-IA-G-AZ.....	G.....	NO.....	...34.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....277,136	184,222	66.5	184
.....YES.....	AR-MS-IA-N-AZ.....	N.....	NO.....	...34.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....77,941	57,238	73.4	52
.....YES.....	AR-MSD-IA-F-AZ.....	F.....	NO.....	...24.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....250,303	140,398	56.1	142
.....YES.....	AR-MSD-IA-G-AZ.....	G.....	NO.....	...24.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....198,849	140,767	70.8	143
.....YES.....	AR-MSD-IA-N-AZ.....	N.....	NO.....	...24.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....123,906	50,082	40.4	89
.....YES.....	AR-MSX-IA-HDF-AZ.....	H.....	NO.....	...35.....	.04/07/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....75	.....	.....0.0	1
.....YES.....	AR-MSX-IA-HDF-AZ.....	D.....	NO.....	...35.....	.04/07/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-MSX-IA-HDF-AZ.....	F.....	NO.....	...35.....	.04/07/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,565,660	1,067,404	68.2	961

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-CO.....	A.....	NO.....	...346.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....604	82	13.6	1
.....YES.....	AR-MS-AA-F-CO.....	F.....	NO.....	...346.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,607,031	6,044,993	91.5	3,913
.....YES.....	AR-MS-AA-G-CO.....	G.....	NO.....	...346.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,146,085	1,507,431	70.2	1,541
.....YES.....	AR-MS-AA-N-CO.....	N.....	NO.....	...346.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....600,301	298,359	49.7	532
.....YES.....	AR-MSD-AA-F-CO...	F.....	NO.....	...246.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....363,665	289,032	79.5	249
.....YES.....	AR-MSD-AA-G-CO...	G.....	NO.....	...246.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....277,857	160,339	57.7	252
.....YES.....	AR-MSD-AA-N-CO...	N.....	NO.....	...246.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....101,989	47,742	46.8	103
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	10,097,532	8,347,978	82.7	6,591

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-GN.....	A.....	NO.....	...346.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,094	.....	.....0.0	2
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	...346.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....302,026	195,527	64.7	146
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	...346.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....153,101	109,314	71.4	87
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	...346.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....64,786	53,261	82.2	50
.....YES.....	AR-MSD-AA-F-GN...	F.....	NO.....	...246.....	.04/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....99,575	88,329	88.7	42
.....YES.....	AR-MSD-AA-G-GN...	G.....	NO.....	...246.....	.04/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....82,498	46,670	56.6	48
.....YES.....	AR-MSD-AA-N-GN...	N.....	NO.....	...246.....	.04/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....51,197	32,316	63.1	37
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	754,277	525,417	69.7	412

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-IA-A-FL.....	A.....	NO.....	...346.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....40,115	64,257	160.2	10
.....YES.....	AR-MS-IA-F-FL.....	F.....	NO.....	...346.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....800,083	551,263	68.9	391
.....YES.....	AR-MS-IA-G-FL.....	G.....	NO.....	...346.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....525,826	316,159	60.1	303
.....YES.....	AR-MS-IA-N-FL.....	N.....	NO.....	...346.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....437,284	194,108	44.4	282
.....YES.....	AR-MSD-IA-F-FL.....	F.....	NO.....	...246.....	.04/24/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....194,635	154,341	79.3	99
.....YES.....	AR-MSD-IA-G-FL.....	G.....	NO.....	...246.....	.04/24/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....126,769	52,647	41.5	77
.....YES.....	AR-MSD-IA-N-FL.....	N.....	NO.....	...246.....	.04/24/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....78,545	32,884	41.9	54
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,203,257	1,365,659	62.0	1,216

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-IA-F-GA.....	F.....	NO.....	...346.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,092,861	876,789	80.2	611
.....YES.....	AR-MS-IA-G-GA.....	G.....	NO.....	...346.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....476,055	380,200	79.9	297
.....YES.....	AR-MS-IA-N-GA.....	N.....	NO.....	...346.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....171,910	106,698	62.1	135
.....YES.....	AR-MSD-IA-F-GA.....	F.....	NO.....	...246.....	.10/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....332,961	300,606	90.3	215
.....YES.....	AR-MSD-IA-G-GA.....	G.....	NO.....	...246.....	.10/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....264,733	146,191	55.2	191
.....YES.....	AR-MSD-IA-N-GA.....	N.....	NO.....	...246.....	.10/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....141,231	121,817	86.3	126
.....YES.....	AR-MSX-IA-F-GA.....	F.....	NO.....	...356.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....297	.....	.....0.0	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,480,048	1,932,301	77.9	1,577

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-IA.....	F.....	NO.....	...34.....	.02/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....936,448	810,072	86.5	495
.....YES.....	AR-MS-AA-G-IA.....	G.....	NO.....	...34.....	.02/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....118,908	89,127	75.0	81
.....YES.....	AR-MS-AA-N-IA.....	N.....	NO.....	...34.....	.02/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....32,091	16,428	51.2	32
.....YES.....	AR-MSD-AA-F-IA.....	F.....	NO.....	...24.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....136,971	157,479	115.0	99
.....YES.....	AR-MSD-AA-G-IA.....	G.....	NO.....	...24.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....37,515	26,805	71.5	39
.....YES.....	AR-MSD-AA-N-IA.....	N.....	NO.....	...24.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....21,345	12,076	56.6	24
.....YES.....	AR-MSX-AA-F-IA.....	F.....	NO.....	...35.....	.05/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	1
.....YES.....	AR-MSX-AA-G-IA.....	G.....	NO.....	...35.....	.05/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,283,278	1,111,987	86.7	772

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-IL.....	F.....	NO.....	34.....	.02/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,257,459	3,420,635	80.3	2,304
.....YES.....	AR-MS-AA-G-IL.....	G.....	NO.....	34.....	.02/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....818,605	655,289	80.0	501
.....YES.....	AR-MS-AA-N-IL.....	N.....	NO.....	34.....	.02/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....320,603	295,459	92.2	230
.....YES.....	AR-MSD-AA-F-IL.....	F.....	NO.....	24.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....362,805	235,437	64.9	252
.....YES.....	AR-MSD-AA-G-IL.....	G.....	NO.....	24.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....212,347	198,762	93.6	185
.....YES.....	AR-MSD-AA-N-IL.....	N.....	NO.....	24.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....104,924	53,603	51.1	110
.....YES.....	AR-MSX-AA-G-IL.....	G.....	NO.....	356.....	.04/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....138	.....	.....0.0	1
.....YES.....	AR-MSX-AA-N-IL.....	N.....	NO.....	356.....	.04/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....184	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	6,077,065	4,859,185	80.0	3,584

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-GN.....	A.....	NO.....	...34.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,722	2,828	76.0	3
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	...34.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....10,241,545	7,938,528	77.5	6,570
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	...34.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,602,130	1,951,405	75.0	2,050
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	...34.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,308,028	906,341	69.3	1,158
.....YES.....	AR-MSD-AA-F-IN.....	F.....	NO.....	...24.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....460,832	404,641	87.8	344
.....YES.....	AR-MSD-AA-G-IN.....	G.....	NO.....	...24.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....281,847	185,096	65.7	262
.....YES.....	AR-MSD-AA-N-IN.....	N.....	NO.....	...24.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....105,805	51,365	48.5	99
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	15,003,909	11,440,204	76.2	10,486

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-KS.....	A.....	NO.....	...346.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....(168)	.....	.....0.0	.....
.....YES.....	AR-MS-AA-F-KS.....	F.....	NO.....	...346.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,108,201	6,772,457	83.5	4,588
.....YES.....	AR-MS-AA-G-KS.....	G.....	NO.....	...346.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,679,013	1,136,718	67.7	1,261
.....YES.....	AR-MS-AA-N-KS.....	N.....	NO.....	...346.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....769,727	488,772	63.5	626
.....YES.....	AR-MSD-AA-F-KS.....	F.....	NO.....	...246.....	.08/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....299,121	272,207	91.0	192
.....YES.....	AR-MSD-AA-G-KS.....	G.....	NO.....	...246.....	.08/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....192,555	148,194	77.0	149
.....YES.....	AR-MSD-AA-N-KS.....	N.....	NO.....	...246.....	.08/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....66,618	53,016	79.6	67
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	11,115,067	8,871,364	79.8	6,883

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-KY.....	F.....	NO.....	...346.....	.01/16/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,727,923	3,953,982	83.6	2,935
.....YES.....	AR-MS-AA-G-KY.....	G.....	NO.....	...346.....	.01/16/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,099,068	811,345	73.8	828
.....YES.....	AR-MS-AA-N-KY.....	N.....	NO.....	...346.....	.01/16/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....397,168	322,939	81.3	353
.....YES.....	AR-MSD-AA-F-KY.....	F.....	NO.....	...246.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....444,417	364,733	82.1	283
.....YES.....	AR-MSD-AA-G-KY.....	G.....	NO.....	...246.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....185,955	114,152	61.4	142
.....YES.....	AR-MSD-AA-N-KY.....	N.....	NO.....	...246.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....92,126	45,804	49.7	96
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	6,946,657	5,612,955	80.8	4,637

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-LA.....	F.....	NO.....	...346.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,603,822	1,316,420	82.1	948
.....YES.....	AR-MS-AA-G-LA.....	G.....	NO.....	...346.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....490,007	342,198	69.8	334
.....YES.....	AR-MS-AA-N-LA.....	N.....	NO.....	...346.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....157,985	152,431	96.5	133
.....YES.....	AR-MSD-AA-F-LA.....	F.....	NO.....	...246.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....254,123	174,396	68.6	146
.....YES.....	AR-MSD-AA-G-LA.....	G.....	NO.....	...246.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....128,842	67,832	52.6	102
.....YES.....	AR-MSD-AA-N-LA.....	N.....	NO.....	...246.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....71,823	47,139	65.6	66
.....YES.....	AR-MSX-AA-HDF-GN.....	H.....	NO.....	...356.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....61	.....	.....0.0	1
.....YES.....	AR-MSX-AA-HDF-GN.....	D.....	NO.....	...356.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-MSX-AA-HDF-GN.....	F.....	NO.....	...356.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,706,663	2,100,416	77.6	1,730

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-MD.....	A.....	NO.....	..34.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....61,812	117,300	189.8	44
.....YES.....	AR-MS-AA-F-MD.....	F.....	NO.....	..34.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....388,414	374,792	96.5	181
.....YES.....	AR-MS-AA-G-MD.....	G.....	NO.....	..34.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....238,596	207,870	87.1	130
.....YES.....	AR-MS-AA-N-MD.....	N.....	NO.....	..34.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....151,077	126,138	83.5	95
.....YES.....	AR-MSD-AA-A-MD...	A.....	NO.....	..246.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,782	31	1.7	5
.....YES.....	AR-MSD-AA-F-MD...	F.....	NO.....	..24.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....184,302	122,781	66.6	97
.....YES.....	AR-MSD-AA-G-MD...	G.....	NO.....	..24.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....146,093	151,585	103.8	88
.....YES.....	AR-MSD-AA-N-MD...	N.....	NO.....	..24.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....108,827	43,807	40.3	75
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,280,904	1,144,304	89.3	715

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-IA-F-GN.....	F.....	NO.....	...346.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....694,046	615,726	88.7	350
.....YES.....	AR-MS-IA-G-GN.....	G.....	NO.....	...346.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....123,464	104,977	85.0	69
.....YES.....	AR-MS-IA-N-GN.....	N.....	NO.....	...346.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....240,514	124,284	51.7	145
.....YES.....	AR-MSD-IA-F-GN.....	F.....	NO.....	...246.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....129,294	90,391	69.9	73
.....YES.....	AR-MSD-IA-G-GN.....	G.....	NO.....	...246.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....92,362	55,098	59.7	59
.....YES.....	AR-MSD-IA-N-GN.....	N.....	NO.....	...246.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....58,274	32,630	56.0	42
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,337,955	1,023,106	76.5	738

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Mississippi



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-MS.....	A.....	NO.....	...346.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,498	12,083	142.2	2
.....YES.....	AR-MS-AA-F-MS.....	F.....	NO.....	...346.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,082,868	3,136,087	76.8	2,373
.....YES.....	AR-MS-AA-G-MS.....	G.....	NO.....	...346.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....490,219	376,900	76.9	334
.....YES.....	AR-MS-AA-N-MS.....	N.....	NO.....	...346.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....282,980	213,964	75.6	232
.....YES.....	AR-MSD-AA-F-MS.....	F.....	NO.....	...246.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....407,965	333,855	81.8	269
.....YES.....	AR-MSD-AA-G-MS.....	G.....	NO.....	...246.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....112,717	101,141	89.7	88
.....YES.....	AR-MSD-AA-N-MS.....	N.....	NO.....	...246.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....56,104	38,286	68.2	59
.....YES.....	AR-MSX-AA-F-MS.....	F.....	NO.....	...356.....	.06/23/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....267	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	5,441,618	4,212,315	77.4	3,358

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-MT.....	F.....	NO.....	346.....	01/25/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....1,022,723.....	808,421.....	79.0.....	675.....
.....YES.....	AR-MS-AA-G-MT.....	G.....	NO.....	346.....	01/25/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....271,266.....	177,420.....	65.4.....	234.....
.....YES.....	AR-MS-AA-N-MT.....	N.....	NO.....	346.....	01/25/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....129,458.....	64,184.....	49.6.....	127.....
.....YES.....	AR-MSD-AA-F-MT....	F.....	NO.....	246.....	03/06/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....122,597.....	99,893.....	81.5.....	92.....
.....YES.....	AR-MSD-AA-G-MT....	G.....	NO.....	246.....	03/06/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....73,127.....	64,256.....	87.9.....	66.....
.....YES.....	AR-MSD-AA-N-MT....	N.....	NO.....	246.....	03/06/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....25,684.....	15,282.....	59.5.....	30.....
.....YES.....	AR-MSX-AA-F-MT....	F.....	NO.....	356.....	07/14/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....136.....	.....	.....0.0.....	1.....
.....YES.....	AR-MSX-AA-G-MT....	G.....	NO.....	356.....	07/14/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....349.....	.....	.....0.0.....	2.....
.....YES.....	AR-MSX-AA-HDF-MT..	H.....	NO.....	356.....	07/14/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....47.....	.....	.....0.0.....	1.....
.....YES.....	AR-MSX-AA-HDF-MT..	D.....	NO.....	356.....	07/14/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	AR-MSX-AA-HDF-MT..	F.....	NO.....	356.....	07/14/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	AR-MSX-AA-N-MT....	N.....	NO.....	356.....	07/14/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....93.....	.....	.....0.0.....	1.....
0199999.	Total Policy Experience on Individual Policies.....									0.....	0.....	0.0.....	0.....	1,645,479.....	1,229,456.....	74.7.....	1,229.....

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....North Carolina

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-NC.....	A.....	NO.....	...346.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,425	.....	.....0.0	1
.....YES.....	AR-MS-AA-F-NC.....	F.....	NO.....	...346.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,566,069	2,908,652	81.6	2,014
.....YES.....	AR-MS-AA-G-NC.....	G.....	NO.....	...34.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....882,162	660,682	74.9	625
.....YES.....	AR-MS-AA-N-NC.....	N.....	NO.....	...34.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....396,741	254,079	64.0	329
.....YES.....	AR-MSD-AA-F-NC.....	F.....	NO.....	...246.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....213,811	173,160	81.0	116
.....YES.....	AR-MSD-AA-G-NC.....	G.....	NO.....	...24.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....46,973	43,301	92.2	31
.....YES.....	AR-MSD-AA-N-NC.....	N.....	NO.....	...24.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,859	3,834	25.8	11
.....YES.....	AR-MSX-AA-F-NC.....	F.....	NO.....	...356.....	.04/15/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....273	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	5,122,314	4,043,710	78.9	3,128

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-ND.....	F.....	NO.....	...34.....	.03/08/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....12,907	4,118	31.9	8
.....YES.....	AR-MS-AA-G-ND.....	G.....	NO.....	...34.....	.03/08/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,786	1,160	30.6	3
.....YES.....	AR-MS-AA-N-ND.....	N.....	NO.....	...34.....	.03/08/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,296	4,240	80.1	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	21,989	9,518	43.3	14

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	...34.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,062,694	1,052,100	99.0	647
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	...34.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....86,950	80,022	92.0	75
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	...34.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....47,356	77,517	163.7	48
.....YES.....	AR-MSD-AA-F-NE.....	F.....	NO.....	...24.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....106,493	118,675	111.4	72
.....YES.....	AR-MSD-AA-G-NE.....	G.....	NO.....	...24.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....18,894	11,084	58.7	15
.....YES.....	AR-MSD-AA-N-NE.....	N.....	NO.....	...24.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,028	33,802	241.0	11
.....YES.....	AR-MSX-AA-F-NE.....	F.....	NO.....	...35.....	.06/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,547	941	60.8	6
.....YES.....	AR-MSX-AA-G-NE.....	G.....	NO.....	...35.....	.06/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....120	.....	.....0.0	1
.....YES.....	AR-MSX-AA-N-NE.....	N.....	NO.....	...35.....	.06/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....537	.....	.....0.0	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,338,619	1,374,141	102.7	879

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....New Hampshire



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-IA-F-NH.....	F.....	NO.....	...346.....	.09/20/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....133,786	84,675	63.3	68
.....YES.....	AR-MS-IA-G-NH.....	G.....	NO.....	...346.....	.09/20/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....132,471	86,336	65.2	86
.....YES.....	AR-MS-IA-N-NH.....	N.....	NO.....	...346.....	.09/20/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....70,653	31,745	44.9	56
.....YES.....	AR-MSD-IA-F-NH.....	F.....	NO.....	...246.....	.12/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....150,345	57,515	38.3	77
.....YES.....	AR-MSD-IA-G-NH.....	G.....	NO.....	...246.....	.12/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....100,695	43,183	42.9	60
.....YES.....	AR-MSD-IA-N-NH.....	N.....	NO.....	...246.....	.12/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....74,693	47,800	64.0	51
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	662,643	351,254	53.0	398

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-NM.....	F.....	NO.....	34.....	.01/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....390,703	279,991	71.7	285
.....YES.....	AR-MS-AA-G-NM.....	G.....	NO.....	34.....	.01/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....166,054	90,773	54.7	140
.....YES.....	AR-MS-AA-N-NM.....	N.....	NO.....	34.....	.01/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....40,569	26,214	64.6	39
.....YES.....	AR-MSD-AA-F-NM....	F.....	NO.....	24.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....165,718	179,982	108.6	126
.....YES.....	AR-MSD-AA-G-NM...	G.....	NO.....	24.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....71,159	33,690	47.3	72
.....YES.....	AR-MSD-AA-N-NM...	N.....	NO.....	24.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....55,556	59,944	107.9	60
.....YES.....	AR-MSX-AA-F-NM....	F.....	NO.....	35.....	.06/03/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....145	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	889,904	670,594	75.4	723

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	...34.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,639,024	2,850,715	78.3	2,073
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	...34.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....842,152	610,024	72.4	632
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	...34.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....616,083	347,594	56.4	502
.....YES.....	AR-MSD-AA-F-NV....	F.....	NO.....	...24.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....232,495	152,025	65.4	140
.....YES.....	AR-MSD-AA-G-NV....	G.....	NO.....	...24.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....159,458	128,436	80.5	128
.....YES.....	AR-MSD-AA-N-NV....	N.....	NO.....	...24.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....58,280	50,987	87.5	58
.....YES.....	AR-MSX-AA-F-GN.....	F.....	NO.....	...35.....	.09/17/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....642	.....	.....0.0	3
.....YES.....	AR-MSX-AA-G-GN....	G.....	NO.....	...35.....	.09/17/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....439	.....	.....0.0	3
.....YES.....	AR-MSX-AA-N-GN....	N.....	NO.....	...35.....	.09/17/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....101	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	5,548,674	4,139,781	74.6	3,540

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-OH.....	A.....	NO.....	34.....	.03/12/2013				Medicare Supplement.....			0.0		1,618	88	5.4	1
.....YES.....	AR-MS-AA-C-OH.....	C.....	NO.....	34.....	.03/12/2013				Medicare Supplement.....			0.0		200,388	169,176	84.4	104
.....YES.....	AR-MS-AA-F-OH.....	F.....	NO.....	34.....	.03/12/2013				Medicare Supplement.....			0.0		2,826,034	2,178,113	77.1	1,526
.....YES.....	AR-MS-AA-G-OH.....	G.....	NO.....	34.....	.03/12/2013				Medicare Supplement.....			0.0		3,183,214	2,378,635	74.7	2,117
.....YES.....	AR-MS-AA-N-OH.....	N.....	NO.....	34.....	.03/12/2013				Medicare Supplement.....			0.0		1,076,711	649,976	60.4	839
.....YES.....	AR-MSD-AA-C-OH...	C.....	NO.....	24.....	.06/13/2013				Medicare Supplement.....			0.0		2,209	413	18.7	1
.....YES.....	AR-MSD-AA-F-OH...	F.....	NO.....	24.....	.06/13/2013				Medicare Supplement.....			0.0		137,515	108,300	78.8	82
.....YES.....	AR-MSD-AA-G-OH...	G.....	NO.....	24.....	.06/13/2013				Medicare Supplement.....			0.0		152,681	108,202	70.9	120
.....YES.....	AR-MSD-AA-N-OH...	N.....	NO.....	24.....	.06/13/2013				Medicare Supplement.....			0.0		83,973	68,471	81.5	76
.....YES.....	AR-MSX-AA-F-OH...	F.....	NO.....	35.....	.06/05/2015				Medicare Supplement.....			0.0		297		0.0	1
.....YES.....	AR-MSX-AA-G-OH...	G.....	NO.....	35.....	.06/05/2015				Medicare Supplement.....			0.0		546		0.0	2
.....YES.....	AR-MSX-AA-HDF-OH	H.....	NO.....	35.....	.06/05/2015				Medicare Supplement.....			0.0		102		0.0	2
.....YES.....	AR-MSX-AA-HDF-OH	D.....	NO.....	35.....	.06/05/2015				Medicare Supplement.....			0.0				0.0	
.....YES.....	AR-MSX-AA-HDF-OH	F.....	NO.....	35.....	.06/05/2015				Medicare Supplement.....			0.0				0.0	
.....YES.....	AR-MSX-AA-N-OH....	N.....	NO.....	35.....	.06/05/2015				Medicare Supplement.....			0.0		200		0.0	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	7,665,488	5,661,374	73.9	4,873

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-GN.....	A.....	NO.....	...346.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,545	5,602	85.6	2
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	...34.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,938,878	3,872,994	78.4	2,949
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	...34.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....616,161	459,332	74.5	449
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	...34.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....422,593	330,833	78.3	349
.....YES.....	AR-MSD-AA-F-OK....	F.....	NO.....	...24.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....383,203	310,071	80.9	271
.....YES.....	AR-MSD-AA-G-OK....	G.....	NO.....	...24.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....84,077	66,815	79.5	76
.....YES.....	AR-MSD-AA-N-OK....	N.....	NO.....	...24.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....57,902	58,856	101.6	73
.....YES.....	AR-MSX-AA-F-OK....	F.....	NO.....	...35.....	.05/18/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....391	189	48.3	2
.....YES.....	AR-MSX-AA-N-OK....	N.....	NO.....	...35.....	.05/18/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....91	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	6,509,841	5,104,692	78.4	4,172

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Pennsylvania



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-B-PA.....	B.....	NO.....	346.....	03/22/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....35,426.....	27,036.....	76.3.....	15.....
.....YES.....	AR-MS-AA-F-PA.....	F.....	NO.....	346.....	03/22/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....16,635,374.....	12,846,882.....	77.2.....	8,409.....
.....YES.....	AR-MS-AA-G-PA.....	G.....	NO.....	346.....	03/22/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....7,401,556.....	5,071,119.....	68.5.....	4,078.....
.....YES.....	AR-MS-AA-N-PA.....	N.....	NO.....	346.....	03/22/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....3,993,977.....	2,528,789.....	63.3.....	2,755.....
.....YES.....	AR-MSD-AA-F-PA.....	F.....	NO.....	246.....	04/30/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....794,687.....	650,787.....	81.9.....	470.....
.....YES.....	AR-MSD-AA-G-PA.....	G.....	NO.....	246.....	04/30/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....519,152.....	352,286.....	67.9.....	371.....
.....YES.....	AR-MSD-AA-N-PA.....	N.....	NO.....	246.....	04/30/2013.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....451,177.....	237,800.....	52.7.....	374.....
.....YES.....	AR-MSX-AA-F-PA.....	F.....	NO.....	356.....	06/19/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....353.....	.....	.....0.0.....	2.....
.....YES.....	AR-MSX-AA-G-PA.....	G.....	NO.....	356.....	06/19/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....1,125.....	.....	.....0.0.....	6.....
.....YES.....	AR-MSX-AA-HDF-PA.....	H.....	NO.....	356.....	06/19/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....200.....	.....	.....0.0.....	2.....
.....YES.....	AR-MSX-AA-HDF-PA.....	D.....	NO.....	356.....	06/19/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	AR-MSX-AA-HDF-PA.....	F.....	NO.....	356.....	06/19/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	AR-MSX-AA-N-PA.....	N.....	NO.....	356.....	06/19/2015.....	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0.....	.....	.....242.....	.....	.....0.0.....	2.....
0199999.	Total Policy Experience on Individual Policies.....									0.....	0.....	0.0.....	0.....	29,833,269.....	21,714,699.....	72.8.....	16,484.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Rhode Island



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	...34.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....45,619	39,048	85.6	28
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	...34.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....23,334	11,278	48.3	15
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	...34.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....10,116	3,756	37.1	9
.....YES.....	AR-MSD-AA-F-GN....	F.....	NO.....	...24.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....19,932	13,472	67.6	9
.....YES.....	AR-MSD-AA-G-GN...	G.....	NO.....	...24.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....24,365	41,767	171.4	16
.....YES.....	AR-MSD-AA-N-GN...	N.....	NO.....	...24.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....21,846	8,093	37.0	16
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	145,212	117,414	80.9	93

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....South Carolina

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-SC.....	F.....	NO.....		.01/29/2013				Medicare Supplement.....			0.0		6,327,877	4,981,397	78.7	3,859
.....YES.....	AR-MS-AA-G-SC.....	G.....	NO.....		.01/29/2013				Medicare Supplement.....			0.0		2,717,938	2,208,012	81.2	1,965
.....YES.....	AR-MS-AA-N-SC.....	N.....	NO.....		.01/29/2013				Medicare Supplement.....			0.0		593,643	449,367	75.7	519
.....YES.....	AR-MSD-AA-F-SC....	F.....	NO.....		.03/29/2013				Medicare Supplement.....			0.0		587,926	515,749	87.7	399
.....YES.....	AR-MSD-AA-G-SC....	G.....	NO.....		.03/29/2013				Medicare Supplement.....			0.0		371,663	246,358	66.3	321
.....YES.....	AR-MSD-AA-N-SC....	N.....	NO.....		.03/29/2013				Medicare Supplement.....			0.0		104,625	85,769	82.0	110
.....YES.....	AR-MSX-AA-F-SC.....	F.....	NO.....		.04/20/2015				Medicare Supplement.....			0.0		656	584	89.0	3
.....YES.....	AR-MSX-AA-G-SC....	G.....	NO.....		.04/20/2015				Medicare Supplement.....			0.0		116		0.0	1
.....YES.....	AR-MSX-AA-HDF-SC	H.....	NO.....		.04/20/2015				Medicare Supplement.....			0.0		108		0.0	1
.....YES.....	AR-MSX-AA-HDF-SC	D.....	NO.....		.04/20/2015				Medicare Supplement.....			0.0				0.0	
.....YES.....	AR-MSX-AA-HDF-SC	F.....	NO.....		.04/20/2015				Medicare Supplement.....			0.0				0.0	
.....YES.....	AR-MSX-AA-N-SC....	N.....	NO.....		.04/20/2015				Medicare Supplement.....			0.0		598	786	131.4	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	10,705,150	8,488,022	79.3	7,182

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....South Dakota



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-GN.....	F.....	NO.....	...346.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....322,009	308,544	95.8	168
.....YES.....	AR-MS-AA-G-GN.....	G.....	NO.....	...346.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....34,357	27,227	79.2	25
.....YES.....	AR-MS-AA-N-GN.....	N.....	NO.....	...346.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....18,287	16,034	87.7	15
.....YES.....	AR-MSD-AA-F-GN....	F.....	NO.....	...246.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....38,397	27,460	71.5	25
.....YES.....	AR-MSD-AA-G-GN...	G.....	NO.....	...246.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,824	9,806	66.1	13
.....YES.....	AR-MSD-AA-N-GN...	N.....	NO.....	...246.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,611	604	23.1	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	430,485	389,675	90.5	249

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-TN.....	A.....	NO.....	...346.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....43,974	82,726	188.1	9
.....YES.....	AR-MS-AA-F-TN.....	F.....	NO.....	...346.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,832,009	1,126,137	61.5	1,061
.....YES.....	AR-MS-AA-G-TN.....	G.....	NO.....	...346.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....424,049	304,033	71.7	272
.....YES.....	AR-MS-AA-N-TN.....	N.....	NO.....	...346.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....161,095	138,700	86.1	112
.....YES.....	AR-MSD-AA-F-TN.....	F.....	NO.....	...246.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....505,564	426,208	84.3	321
.....YES.....	AR-MSD-AA-G-TN.....	G.....	NO.....	...246.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....218,521	191,524	87.6	185
.....YES.....	AR-MSD-AA-N-TN.....	N.....	NO.....	...246.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....100,853	75,946	75.3	107
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	3,286,065	2,345,274	71.4	2,067

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-TX.....	A.....	NO.....	...346.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....566,932	999,777	176.3	151
.....YES.....	AR-MS-AA-F-TX.....	F.....	NO.....	...34.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,468,168	11,985,530	82.8	8,572
.....YES.....	AR-MS-AA-G-TX.....	G.....	NO.....	...34.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,210,414	2,498,785	77.8	2,124
.....YES.....	AR-MS-AA-N-TX.....	N.....	NO.....	...34.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,041,099	760,869	73.1	812
.....YES.....	AR-MSD-AA-A-TX.....	A.....	NO.....	...246.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....16,837	16,477	97.9	12
.....YES.....	AR-MSD-AA-F-TX.....	F.....	NO.....	...24.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,483,438	1,308,493	88.2	959
.....YES.....	AR-MSD-AA-G-TX.....	G.....	NO.....	...24.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....807,169	548,126	67.9	641
.....YES.....	AR-MSD-AA-N-TX.....	N.....	NO.....	...24.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....350,865	203,704	58.1	328
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	21,944,922	18,321,761	83.5	13,599

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-UT.....	F.....	NO.....	...346.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....696,478	631,788	90.7	436
.....YES.....	AR-MS-AA-G-UT.....	G.....	NO.....	...346.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....327,627	263,368	80.4	239
.....YES.....	AR-MS-AA-N-UT.....	N.....	NO.....	...346.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....64,875	31,552	48.6	61
.....YES.....	AR-MSD-AA-F-UT.....	F.....	NO.....	...246.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....60,394	38,077	63.0	42
.....YES.....	AR-MSD-AA-G-UT....	G.....	NO.....	...246.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....52,181	18,195	34.9	40
.....YES.....	AR-MSD-AA-N-UT....	N.....	NO.....	...246.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....16,855	13,881	82.4	13
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,218,410	996,861	81.8	831

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-A-VA.....	A.....	NO.....	...346.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,347	240	17.8	1
.....YES.....	AR-MS-AA-F-VA.....	F.....	NO.....	...346.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,781,512	7,204,077	82.0	7,200
.....YES.....	AR-MS-AA-G-VA.....	G.....	NO.....	...346.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,042,140	708,184	68.0	990
.....YES.....	AR-MS-AA-N-VA.....	N.....	NO.....	...346.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....445,519	275,589	61.9	594
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	10,270,518	8,188,090	79.7	8,785

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-BASC-WI.....	O.....	NO.....	...346.....	.06/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,904,587	3,460,505	58.6	3,294
.....YES.....	AR-BASC-X-WI.....	I.....	NO.....	...356.....	.03/18/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....134	.....	.....0.0	1
0199999. Total Policy Experience on Individual Policies.....										0	0	0.0	0	5,904,721	3,460,505	58.6	3,295

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....West Virginia



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-WV.....	F.....	NO.....	...34.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,953,264	1,916,104	98.1	1,240
.....YES.....	AR-MS-AA-G-WV.....	G.....	NO.....	...34.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....207,330	192,547	92.9	169
.....YES.....	AR-MS-AA-N-WV.....	N.....	NO.....	...34.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....153,125	111,633	72.9	147
.....YES.....	AR-MSD-AA-F-WV...	F.....	NO.....	...24.....	.02/27/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....358,926	623,540	173.7	241
.....YES.....	AR-MSD-AA-G-WV...	G.....	NO.....	...24.....	.02/27/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....105,137	73,621	70.0	90
.....YES.....	AR-MSD-AA-N-WV...	N.....	NO.....	...24.....	.02/27/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....69,539	72,299	104.0	68
.....YES.....	AR-MSX-AA-F-WV...	F.....	NO.....	...35.....	.05/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....131	.....	.....0.0	1
.....YES.....	AR-MSX-AA-N-WV...	N.....	NO.....	...35.....	.05/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....182	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,847,634	2,989,744	105.0	1,957

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....88366

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-MS-AA-F-WY.....	F.....	NO.....	...34.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,078,878	862,986	80.0	745
.....YES.....	AR-MS-AA-G-WY.....	G.....	NO.....	...34.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....174,018	131,390	75.5	130
.....YES.....	AR-MS-AA-N-WY.....	N.....	NO.....	...34.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....65,699	33,775	51.4	70
.....YES.....	AR-MSD-AA-F-WY...	F.....	NO.....	...24.....	.08/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....230,214	209,606	91.0	163
.....YES.....	AR-MSD-AA-G-WY...	G.....	NO.....	...24.....	.08/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....88,553	51,288	57.9	80
.....YES.....	AR-MSD-AA-N-WY...	N.....	NO.....	...24.....	.08/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....30,529	20,220	66.2	38
.....YES.....	AR-MSX-AA-G-WY...	G.....	NO.....	...35.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....534	41	7.7	4
.....YES.....	AR-MSX-AA-N-WY...	N.....	NO.....	...35.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....195	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,668,620	1,309,306	78.5	1,231

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".



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

Of The.....American Retirement Life Insurance Company

Address (City, State, Zip Code).....Cleveland, OH 44114

NAIC Group Code.....0901

NAIC Company Code.....88366

Employer's ID Number.....59-2760189

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 2011	2 2012	3 2013	4 2014	5 2015 (a)
1. Prior.....	NONE				
2. 2011.....					
3. 2012.....					
4. 2013.....					
5. 2014.....					
6. 2015.....					

Section B - Other Accident and Health

1. Prior.....					
2. 2011.....					
3. 2012.....	XXX				
4. 2013.....	XXX	XXX	5,853	8,873	8,917
5. 2014.....	XXX	XXX	XXX	74,793	86,420
6. 2015.....	XXX	XXX	XXX	XXX	133,096

Section C - Credit Accident and Health

1. Prior.....					
2. 2011.....					
3. 2012.....	XXX	NONE			
4. 2013.....	XXX				
5. 2014.....	XXX				
6. 2015.....	XXX				

(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	

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	398

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	

American Retirement Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2011.....				XXX	XXX
2. 2012.....	XXX				XXX
3. 2013.....	XXX	XXX	10,375	8,884	8,917
4. 2014.....	XXX	XXX	XXX	89,243	86,625
5. 2015.....	XXX	XXX	XXX	XXX	151,170

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	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2011.....					
2. 2012.....	XXX				
3. 2013.....	XXX	XXX	10,375	8,884	8,917
4. 2014.....	XXX	XXX	XXX	89,243	86,625
5. 2015.....	XXX	XXX	XXX	XXX	151,568

Section C - Credit Accident and Health

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....		37
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.....		18,279
11. Total.....		18,316

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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