



QUARTERLY STATEMENT

As of March 31, 2016

of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730 (Current Period) (Prior Period)	NAIC Company Code..... 62375	Employer's ID Number..... 21-0706531
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... October 3, 1955	Commenced Business..... October 3, 1955	
Statutory Home Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Internet Web Site Address	www.ConsumersLife.com	
Statutory Statement Contact	Sharon Matonis (Name) Sharon.Matonis@medmutual.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-360-4073 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chircosta	President & CEO	2. Patricia Bunn Decensi #	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Jared Paul Chaney	Richard Alan Chircosta	Steffany Matticola Larkins
Raymond Karl Mueller			

State of..... Ohio
County of.... Cuyahoga

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) Richard Alan Chircosta 1. (Printed Name) President & CEO (Title)	(Signature) Patricia Bunn Decensi 2. (Printed Name) Secretary (Title)	(Signature) Raymond Karl Mueller 3. (Printed Name) Treasurer (Title)
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Subscribed and sworn to before me
This _____ day of _____

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

Yes [X] No []

Statement as of March 31, 2016 of the **Consumers Life Insurance Company**
ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	19,389,931		19,389,931	19,427,767
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....11,393,929), cash equivalents (\$.....0) and short-term investments (\$....3,187,741).....	14,581,670		14,581,670	11,149,477
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	33,971,601	0	33,971,601	30,577,244
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	110,868		110,868	155,054
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,461,870		2,461,870	3,086,436
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	450		450	690,614
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	160,919		160,919	105,230
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	642,126		642,126	458,698
19. Guaranty funds receivable or on deposit.....	904,545		904,545	904,928
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	46,723	46,723	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	1,769,361		1,769,361	1,544,685
24. Health care (\$....24,000) and other amounts receivable.....	24,000		24,000	
25. Aggregate write-ins for other than invested assets.....	86,582	34,673	51,909	52,730
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	40,179,045	81,396	40,097,649	37,575,619
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	40,179,045	81,396	40,097,649	37,575,619

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Assets.....	19,335	19,335	0	
2502. Premium Tax Recoverable.....	51,909		51,909	52,730
2503. Other Receivables.....	15,338	15,338	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	86,582	34,673	51,909	52,730

Consumers Life Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....1,942,500 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	1,942,500	1,834,000
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	868,000	1,082,000
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....	.....	.....
4. Contract claims:		
4.1 Life.....	3,936,959	3,992,216
4.2 Accident and health.....	770,840	(15,000)
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid.....	.....	.....
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....	.....	.....
6.2 Dividends not yet apportioned (including \$.....0 Modco).....	.....	.....
6.3 Coupons and similar benefits (including \$.....0 Modco).....	.....	.....
7. Amount provisionally held for deferred dividend policies not included in Line 6.....	.....	.....
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....287,296 accident and health premiums.....	582,807	578,862
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....	.....	.....
9.2 Provision for experience rating refunds, including the liability of \$....109,766 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....	5,751,775	5,950,200
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$....358,300 ceded.....	358,300	370,300
9.4 Interest Maintenance Reserve.....	3,182	3,373
10. Commissions to agents due or accrued - life and annuity contracts \$....92,828, accident and health \$....99,907 and deposit-type contract funds \$.....0.....	192,735	127,657
11. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
12. General expenses due or accrued.....	189,531	333,355
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....	.....	.....
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....	1,506,170	1,288,166
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	677,289	71,260
15.2 Net deferred tax liability.....	.....	.....
16. Unearned investment income.....	.....	.....
17. Amounts withheld or retained by company as agent or trustee.....	.....	.....
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....	.....	.....
19. Remittances and items not allocated.....	.....	.....
20. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....	.....
21. Liability for benefits for employees and agents if not included above.....	.....	.....
22. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
23. Dividends to stockholders declared and unpaid.....	.....	.....
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve.....	41,368	36,395
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....	.....	.....
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	.....	.....
24.04 Payable to parent, subsidiaries and affiliates.....	.....	.....
24.05 Drafts outstanding.....	31,564	31,564
24.06 Liability for amounts held under uninsured plans.....	.....	.....
24.07 Funds held under coinsurance.....	.....	.....
24.08 Derivatives.....	.....	.....
24.09 Payable for securities.....	.....	.....
24.10 Payable for securities lending.....	.....	.....
24.11 Capital notes \$.....0 and interest thereon \$.....0.....	.....	.....
25. Aggregate write-ins for liabilities.....	278,958	283,300
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	17,131,978	15,967,648
27. From Separate Accounts statement.....	.....	.....
28. Total liabilities (Lines 26 and 27).....	17,131,978	15,967,648
29. Common capital stock.....	1,600,000	1,600,000
30. Preferred capital stock.....	.....	.....
31. Aggregate write-ins for other-than-special surplus funds.....	0	0
32. Surplus notes.....	.....	.....
33. Gross paid in and contributed surplus.....	36,633,368	36,633,368
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	(15,267,697)	(16,625,397)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....	.....	.....
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....	.....	.....
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	21,365,671	20,007,971
38. Totals of Lines 29, 30 and 37.....	22,965,671	21,607,971
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	40,097,649	37,575,619

DETAILS OF WRITE-INS

2501. Unclaimed Funds and Other Liabilities.....	278,958	283,300
2502. ....	.....	.....
2503. ....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	278,958	283,300
3101. ....	.....	.....
3102. ....	.....	.....
3103. ....	.....	.....
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401. ....	.....	.....
3402. ....	.....	.....
3403. ....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0

SUMMARY OF OPERATIONS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	8,232,452	7,266,452	28,976,778
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	88,215	62,863	308,227
4. Amortization of Interest Maintenance Reserve (IMR).....	191		147
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....	3,049	6,903	7,166
8.3 Aggregate write-ins for miscellaneous income.....			
9. Totals (Lines 1 to 8.3).....	8,323,907	7,336,218	29,292,318
10. Death benefits.....	3,121,682	4,619,208	16,949,467
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts.....	1,944,197	1,223,347	4,457,666
14. Coupons, guaranteed annual pure endowments and similar benefits.....			
15. Surrender benefits and withdrawals for life contracts.....			
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....			
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....	(105,500)	73,500	843,500
20. Totals (Lines 10 to 19).....	4,960,379	5,916,055	22,250,633
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	509,643	468,971	1,774,367
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses.....	877,563	579,898	3,064,242
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	214,887	203,035	658,695
25. Increase in loading on deferred and uncollected premiums.....			
26. Net transfers to or (from) Separate Accounts net of reinsurance.....			
27. Aggregate write-ins for deductions.....	0	3,464	4,802
28. Totals (Lines 20 to 27).....	6,562,472	7,171,423	27,752,739
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	1,761,435	164,795	1,539,579
30. Dividends to policyholders.....			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	1,761,435	164,795	1,539,579
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	606,029	1,600	190,880
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	1,155,406	163,195	1,348,699
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR).....			
35. Net income (Line 33 plus Line 34).....	1,155,406	163,195	1,348,699
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year.....	21,607,971	19,722,462	19,722,462
37. Net income (Line 35).....	1,155,406	163,195	1,348,699
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....	183,428	500,391	458,698
41. Change in nonadmitted assets.....	23,839	26,763	82,419
42. Change in liability for reinsurance in unauthorized and certified companies.....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....			
44. Change in asset valuation reserve.....	(4,973)	(4,276)	(4,307)
45. Change in treasury stock.....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....			
47. Other changes in surplus in Separate Accounts Statement.....			
48. Change in surplus notes.....			
49. Cumulative effect of changes in accounting principles.....			
50. Capital changes:			
50.1 Paid in.....			
50.2 Transferred from surplus (Stock Dividend).....			
50.3 Transferred to surplus.....			
51. Surplus adjustment:			
51.1 Paid in.....			
51.2 Transferred to capital (Stock Dividend).....			
51.3 Transferred from capital.....			
51.4 Change in surplus as a result of reinsurance.....			
52. Dividends to stockholders.....	0	0	0
53. Aggregate write-ins for gains and losses in surplus.....	1,357,700	686,073	1,885,509
54. Net change in capital and surplus (Lines 37 through 53).....	22,965,671	20,408,535	21,607,971

DETAILS OF WRITE-INS

08.301. Other Income.....	3,049	6,903	7,166
08.302.			
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	3,049	6,903	7,166
2701. Other Expense.....		3,464	4,802
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	3,464	4,802
5301.			
5302.			
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0	0

Statement as of March 31, 2016 of the **Consumers Life Insurance Company**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	8,662,758	7,177,097	26,946,411
2. Net investment income.....	170,237	223,745	557,907
3. Miscellaneous income.....	3,049	6,903	7,166
4. Total (Lines 1 through 3).....	8,836,044	7,407,745	27,511,484
5. Benefit and loss related payments.....	3,657,132	5,456,191	21,900,791
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,522,483	604,233	4,357,957
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		436,000	
10. Total (Lines 5 through 9).....	5,179,615	6,496,424	26,258,748
11. Net cash from operations (Line 4 minus Line 10).....	3,656,429	911,321	1,252,736
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		3,635,000	8,035,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	3,635,000	8,035,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		2,652,697	10,545,500
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	2,652,697	10,545,500
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	982,303	(2,510,500)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(224,236)	1,629,561	1,784,773
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(224,236)	1,629,561	1,784,773
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	3,432,193	3,523,185	527,009
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	11,149,477	10,622,468	10,622,468
19.2 End of period (Line 18 plus Line 19.1).....	14,581,670	14,145,653	11,149,477

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20,0001
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EXHIBIT 1**DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....			
2. Ordinary life insurance.....	45,358	61,066	229,380
3. Ordinary individual annuities.....			
4. Credit life (group and individual).....			
5. Group life insurance.....	6,078,533	6,241,905	24,950,594
6. Group annuities.....			
7. A&H - group.....	1,768,469	1,914,424	7,536,234
8. A&H - credit (group and individual).....			
9. A&H - other.....	1,441,910	173,577	703,431
10. Aggregate of all other lines of business.....	0	0	0
11. Subtotal.....	9,334,270	8,390,972	33,419,639
12. Deposit-type contracts.....			
13. Total.....	9,334,270	8,390,972	33,419,639

DETAILS OF WRITE-INS

1001.			
1002.			
1003.			
1098. Summary of remaining write-ins for Line 10 from overflow page.....	0	0	0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	0	0	0

NOTES TO FINANCIAL STATEMENTS**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN**

A. Accounting Practices

		State of Domicile	Current Period	Prior Year
NET INCOME				
(1) Consumers Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 3)	OH	\$ 1,155,406	\$ 1,348,699	
(2) State Prescribed Practices that increase/decrease NAIC SAP			-	
SURPLUS				
(5) Consumers Life Insurance Company state basis (Page 3, line 38, Columns 1 & 2)	OH	\$ 22,965,671	\$ 21,607,971	
(6) State Prescribed Practices that increase/decrease NAIC SAP			-	
(7) State Permitted Practices that increase/decrease NAIC SAP			-	
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	\$ 22,965,671	\$ 21,607,971	

C. Accounting Policy

No significant change.

D. Going Concern

Not applicable.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No significant change.

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

No significant change.

NOTE 4 – DISCONTINUED OPERATIONS

No significant change.

NOTE 5 – INVESTMENTS

D. Loan-Backed Securities

Not applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No significant change.

NOTE 7 – INVESTMENT INCOME

No significant change.

NOTE 8 – DERIVATIVE INSTRUMENTS

No significant change.

NOTE 9 – INCOME TAXES

No significant change.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

No significant change.

NOTES TO FINANCIAL STATEMENTS**NOTE 11 – DEBT**

B. FHLB (Federal Home Loan Bank) Agreements
Not applicable.

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plan
Not applicable.

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No significant change.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

No significant change.

NOTE 15 – LEASES

No significant change.

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No significant change.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

B. Transfer and Servicing of Financial Assets
Not applicable.

C. Wash Sales
Not applicable.

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

No significant change.

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable.

NOTE 20 – FAIR VALUE MEASUREMENTS

A. The Company has no assets or liabilities that are reported at fair value at March 31, 2016.

B. Not applicable.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 19,659,632	\$ 19,389,931	\$ -	\$ 19,659,632	\$ -	\$ -

D. Not Practicable to Estimate Fair Value
Not applicable.

NOTE 21 – OTHER ITEMS

No significant change.

NOTE 22 – EVENTS SUBSEQUENT

No significant change.

NOTE 23 – REINSURANCE

NOTES TO FINANCIAL STATEMENTS

No significant change.

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions YES

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current period:

		AMOUNT
a. Permanent ACA Risk Adjustment Program		
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ -
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	543
3.	Premium adjustments payable due to ACA Risk Adjustment	-
Operations (Revenue & Expenses)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	-
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 543
b. Transitional ACA Reinsurance Program		
Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	34,803
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	1,675
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	6,700
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ 6,700
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	34,803
9.	ACA Reinsurance contributions – not reported as ceded premium	\$ 1,675
c. Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	109,766
Operations (Revenue & Expenses)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	-
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ (109,766)

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Reserves for unpaid claims adjustment expenses as of December 31, 2015 were \$4.1 million. As of March 31, 2016, \$1.6 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves available for prior years are \$0.9 million based on the estimation of unpaid claims and claims adjustment expenses at March 31, 2016. Therefore, there has been a \$1.6 million favorable prior year development since December 31, 2015. The redundancy that emerged resulted from differences in claims severity and utilization as compared to expectations.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

Not applicable.

NOTE 27 – STRUCTURED SETTLEMENTS

Not applicable.

NOTES TO FINANCIAL STATEMENTS**NOTE 28 – HEALTH CARE RECEIVABLES**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/Confirmation
March 31, 2016	\$24,000	\$ -	\$ -	\$ -	\$ -
December 31, 2015	-	-	-	-	-
September 30, 2015	-	-	-	-	-
June 30, 2015	-	-	-	-	-
March 31, 2015	-	-	-	-	-
December 31, 2014	225,000	\$225,000	-	\$(266,407)	-
September 30, 2014	160,000	210,000	\$9,429	188,569	\$12,002
June 30, 2014	150,000	150,000	2,255	147,745	-
March 31, 2014	180,000	180,000	-	180,000	-

Note: The Company did not have health care contracts eligible for pharmaceutical rebates in 2015.

NOTE 29 – PARTICIPATING POLICIES

Not applicable.

NOTE 30 – PREMIUM DEFICIENCY RESERVES

Not applicable.

NOTE 31 – RESERVES FOR LIFE CONTRACTS AND DEPOSIT-TYPE CONTRACTS

No significant change.

NOTE 32 – ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT LIABILITIES BY WITHDRAWAL CHARACTERISTICS

No significant change.

NOTE 33 – PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED

No significant change.

NOTE 34 – SEPARATE ACCOUNTS

Not applicable.

NOTE 35 – LOSS/CLAIM ADJUSTMENT EXPENSES

No significant change.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [X] No []

1.2 If yes, has the report been filed with the domiciliary state? Yes [X] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2009

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/02/2011

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 1,773,423

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

14.21 Bonds
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgage Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
FIFTH THIRD BANK	5050 KINGSLY DRIVE, CINCINNATI, OHIO 45263

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

18.2 If no, list exceptions:

Consumers Life Insurance Company
GENERAL INTERROGATORIES (continued)
PART 2 - LIFE & HEALTH

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

		Amount
1.1	Long-term mortgages in good standing	
1.11	Farm mortgages.....	\$.....
1.12	Residential mortgages.....	\$.....
1.13	Commercial mortgages.....	\$.....
1.14	Total mortgages in good standing.....	<u>\$.....</u> 0
1.2	Long-term mortgages in good standing with restructured terms	
1.21	Total mortgages in good standing with restructured terms.....	\$.....
1.3	Long-term mortgage loans upon which interest is overdue more than three months	
1.31	Farm mortgages.....	\$.....
1.32	Residential mortgages.....	\$.....
1.33	Commercial mortgages.....	\$.....
1.34	Total mortgages with interest overdue more than three months.....	<u>\$.....</u> 0
1.4	Long-term mortgage loans in process of foreclosure	
1.41	Farm mortgages.....	\$.....
1.42	Residential mortgages.....	\$.....
1.43	Commercial mortgages.....	<u>\$.....</u>
1.44	Total mortgages in process of foreclosure.....	<u>\$.....</u> 0
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$..... 0
1.6	Long-term mortgages foreclosed, properties transferred to real estate in current quarter	
1.61	Farm mortgages.....	\$.....
1.62	Residential mortgages.....	\$.....
1.63	Commercial mortgages.....	<u>\$.....</u>
1.64	Total mortgages foreclosed and transferred to real estate.....	<u>\$.....</u> 0
2.	Operating Percentages:	
2.1	A&H loss percent.....	<u>66.5</u>
2.2	A&H cost containment percent.....	<u>0.4</u>
2.3	A&H expense percent excluding cost containment expenses.....	<u>.21.0</u>
3.1	Do you act as a custodian for health savings accounts?.....	Yes [] No [X]
3.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
3.3	Do you act as an administrator for health savings accounts?.....	Yes [] No [X]
3.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
00000.....	AA-9990032.....	01/01/2016	U.S. Department of Health and Human Services.....	DC.....	OTH/I.....	Authorized.....	.....	.....

Consumers Life Insurance Company

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	Active Status	Life Insurance Premiums	Annuity Considerations	Direct Business Only			
				Life Contracts		A&H Insurance Premiums, Including Policy Membership and Other Fees	Other Considerations
				2	3		
1. Alabama.....	AL	N..					0
2. Alaska.....	AK	N..					0
3. Arizona.....	AZ	L					0
4. Arkansas.....	AR	L					0
5. California.....	CA	N..					0
6. Colorado.....	CO	L					0
7. Connecticut.....	CT	N..					0
8. Delaware.....	DE	L					0
9. District of Columbia.....	DC	L					0
10. Florida.....	FL	N..					0
11. Georgia.....	GA	L	4,924		.317		5,241
12. Hawaii.....	HI	N..					0
13. Idaho.....	ID	N..					0
14. Illinois.....	IL	L					0
15. Indiana.....	IN	L	8,294		5,052		13,346
16. Iowa.....	IA	L					0
17. Kansas.....	KS	L					0
18. Kentucky.....	KY	L					0
19. Louisiana.....	LA	L					0
20. Maine.....	ME	N..					0
21. Maryland.....	MD	L					0
22. Massachusetts.....	MA	N..					0
23. Michigan.....	MI	L	221,710		2,244		223,954
24. Minnesota.....	MN	L					0
25. Mississippi.....	MS	L					0
26. Missouri.....	MO	L					0
27. Montana.....	MT	L					0
28. Nebraska.....	NE	L					0
29. Nevada.....	NV	L					0
30. New Hampshire.....	NH	N..					0
31. New Jersey.....	NJ	L					0
32. New Mexico.....	NM	L					0
33. New York.....	NY	N..					0
34. North Carolina.....	NC	N..					0
35. North Dakota.....	ND	L					0
36. Ohio.....	OH	L	5,842,630		3,132,979		8,975,609
37. Oklahoma.....	OK	L					0
38. Oregon.....	OR	L					0
39. Pennsylvania.....	PA	L	323		.243		.566
40. Rhode Island.....	RI	N..					0
41. South Carolina.....	SC	L	44,967		69,544		114,511
42. South Dakota.....	SD	L					0
43. Tennessee.....	TN	N..					0
44. Texas.....	TX	L					0
45. Utah.....	UT	L					0
46. Vermont.....	VT	N..					0
47. Virginia.....	VA	L					0
48. Washington.....	WA	N..					0
49. West Virginia.....	WV	L	1,043				1,043
50. Wisconsin.....	WI	L					0
51. Wyoming.....	WY	L					0
52. American Samoa.....	AS	N..					0
53. Guam.....	GU	N..					0
54. Puerto Rico.....	PR	N..					0
55. US Virgin Islands.....	VI	N..					0
56. Northern Mariana Islands.....	MP	N..					0
57. Canada.....	CAN	N..					0
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0
59. Subtotal.....		(a).35	6,123,891	.0	3,210,379	0	9,334,270
90. Reporting entity contributions for employee benefit plans.....		XXX					0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX					0
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX					0
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX					0
94. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0	0
95. Totals (Direct Business).....		XXX	6,123,891	.0	3,210,379	0	9,334,270
96. Plus Reinsurance Assumed.....		XXX					0
97. Totals (All Business).....		XXX	6,123,891	.0	3,210,379	0	9,334,270
98. Less Reinsurance Ceded.....		XXX	506,043		.595,775		1,101,818
99. Totals (All Business) less Reinsurance Ceded.....		XXX	5,617,848	.0	2,614,604	0	8,232,452

DETAILS OF WRITE-INS

58001.....		XXX					0
58002.....		XXX					0
58003.....		XXX					0
58998. Summary of remaining write-ins for line 58 from overflow page.....		XXX	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		XXX	0	0	0	0	0
9401.....		XXX					0
9402.....		XXX					0
9403.....		XXX					0
9498. Summary of remaining write-ins for line 94 from overflow page.....		XXX	0	0	0	0	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....		XXX	0	0	0	0	0

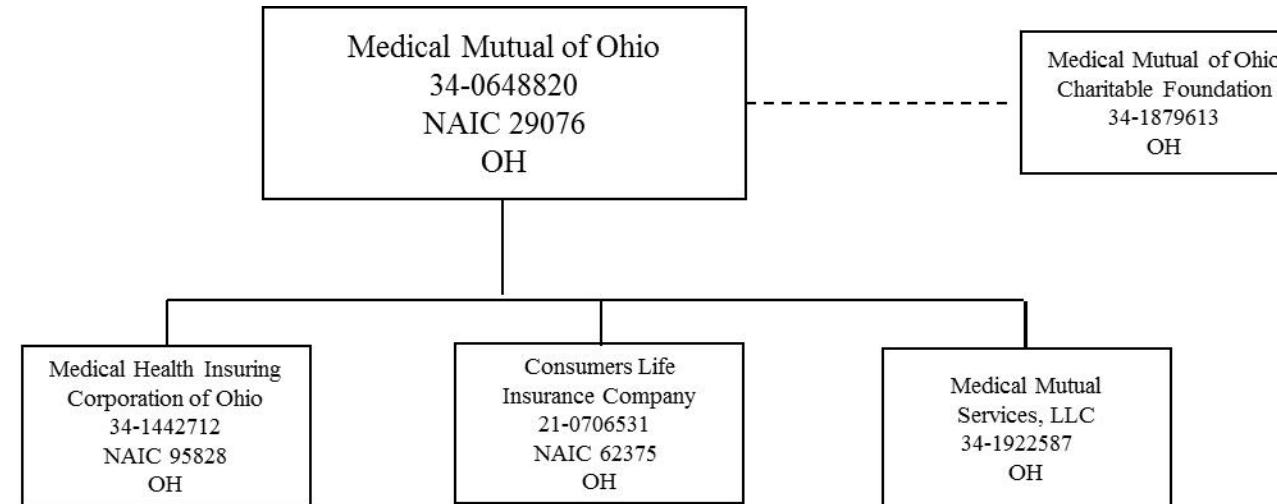
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



Q12

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 Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary 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														
0730...	Medical Mutual of Ohio.....	29076.....	34-0648820..	.....	.....	.....	Medical Mutual of Ohio.....	OH.....	UDP.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730...	Medical Mutual of Ohio.....	95828.....	34-1442712..	.....	.....	.....	Medical Health Insuring Corporation of Ohio..	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730...	Medical Mutual of Ohio.....	62375.....	21-0706531..	.....	.....	.....	Consumers Life Insurance Company.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1922587..	.....	.....	.....	Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. 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?	NO
5. 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?	NO
6. 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?	NO
7. 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?	NO

Explanations:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.

Bar Code:

Consumers Life Insurance Company
Overflow Page for Write-Ins

NONE

Statement as of March 31, 2016 of the **Consumers Life Insurance Company**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	19,427,767	17,097,601
2. Cost of bonds and stocks acquired.....		10,545,500
3. Accrual of discount.....	1,577	5,295
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		3,520
6. Deduct consideration for bonds and stocks disposed of.....		8,035,000
7. Deduct amortization of premium.....	39,413	189,149
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8-9).....	19,389,931	19,427,767
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	19,389,931	19,427,767

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	22,441,594	173,914		(37,836)	22,577,672			22,441,594
2. NAIC 2 (a).....					0			
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	22,441,594	173,914	0	(37,836)	22,577,672	0	0	22,441,594
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	22,441,594	173,914	0	(37,836)	22,577,672	0	0	22,441,594

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	3,187,741	XXX.....	3,187,741	797	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	3,013,827	955,309
2. Cost of short-term investments acquired.....	173,914	2,058,518
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,187,741	3,013,827
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	3,187,741	3,013,827

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

Sch. E - Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

Sch. D - Pt. 4
NONE

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

PNC BANK..... CLEVELAND, OHIO.....					8,100,069	6,587,236	11,393,928	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			.1	1	1	XXX
0199999. Total Open Depositories.....	XXX	XXX	.0	.0	8,100,070	6,587,237	11,393,929	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.0	.0	8,100,070	6,587,237	11,393,929	XXX
0599999. Total Cash.....	XXX	XXX	.0	.0	8,100,070	6,587,237	11,393,929	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE