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## AMENDED FILING EXPLANATION

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Consumers Life Insurance Company

NAIC 62375

December 31, 2016 Annual Statement

Pursuant to an NAIC Financial Reporting & Analysis Data Validation Notification dated March 8, 2017, certain Notes to the Financial Statements were not presented in the exact format required by the NAIC. The Notes specifically mentioned were amended, as well as several others for consistency. The amendments do not represent material changes, financial or otherwise, and offer no additional information to the reader.



# ANNUAL STATEMENT

For the Year Ended December 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 OH

State of Domicile or Port of Entry OH

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

216-687-6049

(Name)

Sharon.Matonis@medmutual.com

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

216-360-4073

(Fax Number)

### OFFICERS

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

### 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	(Signature) Patricia Bunn Decensi	(Signature) Raymond Karl Mueller
1. (Printed Name) President & CEO	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 2017

a. Is this an original filing?

Yes [ ] No [X]

b. If no 1. State the amendment number

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2. Date filed

3/21/17

3. Number of pages attached

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