FRATERNAL ORDERS - ASSOCIATION EDITION

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

ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) | NAIC Company Code..... 56383 | Employer's ID Number..... 31-4273120

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

Incorporated/Organized..... October 4, 1890 | Commenced Business..... January 16, 1888

Statutory Home Office	1801 Watermark Drive Suite 100….. Columbus ..... OH ..... US ..... 43215 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	1801 Watermark Drive Suite 100….. Columbus ..... OH ..... US..... 43215 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-848-0123 *(Area Code) (Telephone Number)*
Mail Address	1801 Watermark Drive Suite 100….. Columbus ..... OH ..... US ..... 43215 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	1801 Watermark Drive Suite 100….. Columbus ..... OH ..... US ..... 43215 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-848-0123 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.uct.org	
Statutory Statement Contact	Kevin C Hecker *(Name)* khecker@uct.org *(E-Mail Address)*	800-848-0123-1142 *(Area Code) (Telephone Number) (Extension)* 614-487-9675 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Gordon Paul Woodworth #	President	2. Stephen Randal Desselles	Secretary/Treasurer
3. Kevin Clare Hecker #	Interim Chief Executive Officer; Sr. VP & CFO, Chief Risk Officer	4.	

OTHER

Ronald Allen Ives #	Senior Vice-President, Chief Information Officer	Sandra Elizabeth Shafer #	Vice-President, Fraternal
Jeffrey Lee Smith MAAA, FCA	Consulting Actuary		

DIRECTORS OR TRUSTEES

Thomas David Hoffman	Gordon Paul Woodworth	Glenn Edward Suever	Stephen Randal Desselles
Mary Frances Applegate	Numan Dwight Loafman	Christopher Barry Phelan	David James Syrota #
Dianna Jean Wolfe #			

State of..... Ohio
County of..... Franklin

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

(Signature)	(Signature)	(Signature)
Gordon Paul Woodworth	Stephen Randal Desselles	Kevin Clare Hecker
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/Treasurer	Interim Chief Executive Officer; Sr. VP & CFO, Chief Risk Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 20 day of February 2017

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	266
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	266
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	6,257	6,324		4,311	3,989
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	211	227			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	6,468	6,551	0	4,311	3,989
26.	Totals (Line 24 + 25.7)	6,468	6,551	0	4,311	3,989

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,688
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,688
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	6,148
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	6,148
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	26	399,522
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(16,000)
23.	In force December 31, current year	25	383,522

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	730,088	737,927		412,282	381,457
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,689	5,036			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	734,776	742,964	0	412,282	381,457
26.	Totals (Line 24 + 25.7)	734,776	742,964	0	412,282	381,457

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,423
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	7,423
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	12	125,418
21.	Issued during year		
22.	Other changes to in force (net)		(3,500)
23.	In force December 31, current year	12	121,918

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,416,516	1,431,727		1,270,978	1,175,950
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	16,440	17,659		3,288	3,216
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,432,957	1,449,386	0	1,274,266	1,179,166
26.	Totals (Line 24 + 25.7)	1,432,957	1,449,386	0	1,274,266	1,179,166

56383201643003100

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,551
2.	Annuity considerations	1,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	5,551
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	9	65,000
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	9	65,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,805,313	1,824,698		1,246,744	1,153,528
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,548	4,885		50	49
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,809,861	1,829,583	0	1,246,794	1,153,576
26.	Totals (Line 24 + 25.7)	1,809,861	1,829,583	0	1,246,794	1,153,576

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	60,964
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	60,964
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	322,361
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	32,845
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	355,206
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	50,000
17.	Incurred during current year	14	270,235
	Settled during current year:		
18.1	By payment in full	16	320,235
18.2	By payment on compromised claims		
18.3	Total paid	16	320,235
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	16	320,235
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	172	2,209,974
21.	Issued during year		
22.	Other changes to in force (net)	(19)	(395,235)
23.	In force December 31, current year	153	1,814,739

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	276,031	278,995		166,406	153,964
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	13,832	14,858		354	347
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	289,863	293,853	0	166,760	154,311
26.	Totals (Line 24 + 25.7)	289,863	293,853	0	166,760	154,311

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	21,006
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	21,006
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	108,732
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	5,263
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	113,995
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	20	107,142
	Settled during current year:		
18.1	By payment in full	20	107,102
18.2	By payment on compromised claims		
18.3	Total paid	20	107,102
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	20	107,102
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	40
	POLICY EXHIBIT		
20.	In force December 31, prior year	306	2,295,471
21.	Issued during year		
22.	Other changes to in force (net)	(20)	77,966
23.	In force December 31, current year	286	2,373,437

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	35,764	36,148		12,648	11,702
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	110,501	118,695		54,625	53,442
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	146,265	154,843	0	67,273	65,145
26.	Totals (Line 24 + 25.7)	146,265	154,843	0	67,273	65,145

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,364
2.	Annuity considerations	2,400
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	5,764
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	2,262
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,262
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	18	198,451
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(6,000)
23.	In force December 31, current year	17	192,451

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,795,709	1,814,991		1,264,803	1,170,237
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,953	4,246		814	797
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,799,662	1,819,237	0	1,265,617	1,171,033
26.	Totals (Line 24 + 25.7)	1,799,662	1,819,237	0	1,265,617	1,171,033

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,802
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	4,802
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	6	112,630
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	6	112,630

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,725	4,776		7,635	7,064
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,883	3,097			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	7,608	7,873	0	7,635	7,064
26.	Totals (Line 24 + 25.7)	7,608	7,873	0	7,635	7,064

56383201643009100

LIFE INSURANCE

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

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	548
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	548
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,622	3,661		4,881	4,516
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	25	27			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,647	3,688	0	4,881	4,516
26.	Totals (Line 24 + 25.7)	3,647	3,688	0	4,881	4,516

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	591
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	591
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	21,472
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	3	21,472

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	9,881	9,987		1,347	1,247
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	106	114			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	9,987	10,101	0	1,347	1,247
26.	Totals (Line 24 + 25.7)	9,987	10,101	0	1,347	1,247

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	67,427
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	67,427
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	165,185
10.	Matured endowments	
11.	Annuity benefits	5,406
12.	Surrender values and withdrawals for life contracts	18,114
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	188,705
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	45,000
17.	Incurred during current year	12	141,188
	Settled during current year:		
18.1	By payment in full	12	163,688
18.2	By payment on compromised claims		
18.3	Total paid	12	163,688
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	12	163,688
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	22,500
	POLICY EXHIBIT		
20.	In force December 31, prior year	264	3,561,582
21.	Issued during year		
22.	Other changes to in force (net)	(15)	(156,359)
23.	In force December 31, current year	249	3,405,223

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,858,512	2,889,207		2,750,377	2,544,737
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	17,040	18,303		7,620	7,455
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	57	61			
25.7	Totals (sum of Lines 25.1 to 25.6)	2,875,609	2,907,571	0	2,757,996	2,552,192
26.	Totals (Line 24 + 25.7)	2,875,609	2,907,571	0	2,757,996	2,552,192

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	29,639
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	29,639
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	28,539
10.	Matured endowments	
11.	Annuity benefits	5,640
12.	Surrender values and withdrawals for life contracts	21,215
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	55,394
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	8	43,118
	Settled during current year:		
18.1	By payment in full	7	28,118
18.2	By payment on compromised claims		
18.3	Total paid	7	28,118
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	7	28,118
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	20,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	135	1,449,774
21.	Issued during year		
22.	Other changes to in force (net)	(11)	(82,715)
23.	In force December 31, current year	124	1,367,059

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	373,353	377,362		256,613	237,426
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,191	3,427			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	376,544	380,790	0	256,613	237,426
26.	Totals (Line 24 + 25.7)	376,544	380,790	0	256,613	237,426

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	914,315
2.	Annuity considerations	66,131
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	980,446
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,150,328
10.	Matured endowments	
11.	Annuity benefits	155,098
12.	Surrender values and withdrawals for life contracts	329,907
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,635,333
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	27	254,843
17.	Incurred during current year	205	2,001,941
	Settled during current year:		
18.1	By payment in full	215	2,133,525
18.2	By payment on compromised claims		
18.3	Total paid	215	2,133,525
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	215	2,133,525
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	17	123,259
	POLICY EXHIBIT		
20.	In force December 31, prior year	3,952	51,418,394
21.	Issued during year	15	384,605
22.	Other changes to in force (net)	(294)	(3,734,204)
23.	In force December 31, current year	3,673	48,068,795

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	79	79			
25.2	Guaranteed renewable	56,196,335	56,799,775		41,213,461	38,132,027
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	606,245	651,200		226,567	221,662
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	121	129		200	200
25.7	Totals (sum of Lines 25.1 to 25.6)	56,802,781	57,451,183	0	41,440,228	38,353,889
26.	Totals (Line 24 + 25.7)	56,802,781	57,451,183	0	41,440,228	38,353,889

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,971	5,025		1,566	1,449
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	25	27			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	4,996	5,051	0	1,566	1,449
26.	Totals (Line 24 + 25.7)	4,996	5,051	0	1,566	1,449

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	13,594
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	13,594
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	18,048
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	18,048
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	4	26,000
	Settled during current year:		
18.1	By payment in full	3	18,000
18.2	By payment on compromised claims		
18.3	Total paid	3	18,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	18,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	8,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	65	588,552
21.	Issued during year	3	42,500
22.	Other changes to in force (net)	(7)	(98,000)
23.	In force December 31, current year	61	533,052

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,326,308	1,340,550		580,171	536,793
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	11,370	12,213		326	319
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,337,678	1,352,763	0	580,497	537,112
26.	Totals (Line 24 + 25.7)	1,337,678	1,352,763	0	580,497	537,112

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,167,322	3,201,333		2,485,212	2,299,399
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,648	1,770			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,168,970	3,203,103	0	2,485,212	2,299,399
26.	Totals (Line 24 + 25.7)	3,168,970	3,203,103	0	2,485,212	2,299,399

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	48,561
2.	Annuity considerations	680
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	49,241
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	108,717
10.	Matured endowments	
11.	Annuity benefits	1,701
12.	Surrender values and withdrawals for life contracts	15,734
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	126,153
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	17	108,142
	Settled during current year:		
18.1	By payment in full	17	108,142
18.2	By payment on compromised claims		
18.3	Total paid	17	108,142
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	17	108,142
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	268	3,764,728
21.	Issued during year	1	30,000
22.	Other changes to in force (net)	(24)	(266,327)
23.	In force December 31, current year	245	3,528,401

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,759,516	2,789,148		2,122,664	1,963,957
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	38,173	41,004		14,365	14,054
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,797,689	2,830,152	0	2,137,029	1,978,011
26.	Totals (Line 24 + 25.7)	2,797,689	2,830,152	0	2,137,029	1,978,011

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	37,210
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	37,210
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	49,046
10.	Matured endowments	
11.	Annuity benefits	49,589
12.	Surrender values and withdrawals for life contracts	2,931
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	101,566
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	3	33,525
17.	Incurred during current year	4	35,000
	Settled during current year:		
18.1	By payment in full	6	48,525
18.2	By payment on compromised claims		
18.3	Total paid	6	48,525
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	6	48,525
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	20,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	128	2,164,972
21.	Issued during year		
22.	Other changes to in force (net)	(8)	(99,512)
23.	In force December 31, current year	120	2,065,460

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,424,264	3,461,034		2,601,847	2,407,313
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	20,707	22,243		14,026	13,722
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,444,971	3,483,277	0	2,615,873	2,421,035
26.	Totals (Line 24 + 25.7)	3,444,971	3,483,277	0	2,615,873	2,421,035

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	13,556
2.	Annuity considerations	1,800
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	15,356
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	21,102
10.	Matured endowments	
11.	Annuity benefits	484
12.	Surrender values and withdrawals for life contracts	3,382
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	24,968
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	21,000
	Settled during current year:		
18.1	By payment in full	1	21,000
18.2	By payment on compromised claims		
18.3	Total paid	1	21,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	21,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	53	535,860
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(34,500)
23.	In force December 31, current year	51	501,360

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	346,126	349,843		283,210	262,035
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	9,550	10,258		285	279
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	355,676	360,101	0	283,495	262,314
26.	Totals (Line 24 + 25.7)	355,676	360,101	0	283,495	262,314

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	24,186
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	24,186
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	79,718
10.	Matured endowments	
11.	Annuity benefits	716
12.	Surrender values and withdrawals for life contracts	8,952
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	89,386
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	6	79,232
	Settled during current year:		
18.1	By payment in full	6	79,232
18.2	By payment on compromised claims		
18.3	Total paid	6	79,232
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	6	79,232
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	114	1,839,493
21.	Issued during year		
22.	Other changes to in force (net)	(7)	(79,381)
23.	In force December 31, current year	107	1,760,112

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	171,168	173,006		119,592	110,651
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	6,687	7,182		1,453	1,422
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	177,855	180,188	0	121,046	112,073
26.	Totals (Line 24 + 25.7)	177,855	180,188	0	121,046	112,073

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	20,938
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	20,938
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	156,005
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	3,511
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	159,516
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	15,000
17.	Incurred during current year	4	150,000
	Settled during current year:		
18.1	By payment in full	5	155,000
18.2	By payment on compromised claims		
18.3	Total paid	5	155,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	5	155,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	67	1,151,897
21.	Issued during year	2	125,000
22.	Other changes to in force (net)	(6)	(160,000)
23.	In force December 31, current year	63	1,116,897

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,117,103	2,139,837		1,537,524	1,422,567
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,250	3,491		5,000	4,892
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,120,353	2,143,327	0	1,542,524	1,427,459
26.	Totals (Line 24 + 25.7)	2,120,353	2,143,327	0	1,542,524	1,427,459

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,939
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	4,939
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,548
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,548
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	2,500
	Settled during current year:		
18.1	By payment in full	1	2,500
18.2	By payment on compromised claims		
18.3	Total paid	1	2,500
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	2,500
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	23	172,103
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(6,000)
23.	In force December 31, current year	22	166,103

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	52,859	53,427		37,050	34,279
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	12,494	13,421		8,317	8,137
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	30	32			
25.7	Totals (sum of Lines 25.1 to 25.6)	65,383	66,879	0	45,366	42,416
26.	Totals (Line 24 + 25.7)	65,383	66,879	0	45,366	42,416

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,356
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	3,356
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	7	31,355
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	7	31,355

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	38,942	39,360		30,141	27,888
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,928	3,145		349	341
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	41,870	42,505	0	30,490	28,229
26.	Totals (Line 24 + 25.7)	41,870	42,505	0	30,490	28,229

56383201643020100

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	638
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	10,638
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	2,400
12.	Surrender values and withdrawals for life contracts	7,613
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	10,013
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	5	57,555
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(12,555)
23.	In force December 31, current year	3	45,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	6,352	6,420		1,618	1,497
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,222	2,386		8,465	8,282
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	8,573	8,806	0	10,084	9,780
26.	Totals (Line 24 + 25.7)	8,573	8,806	0	10,084	9,780

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	92,465
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	92,465
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	161,174
10.	Matured endowments	
11.	Annuity benefits	11,876
12.	Surrender values and withdrawals for life contracts	21,988
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	195,038
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	6,409
17.	Incurred during current year	19	158,239
	Settled during current year:		
18.1	By payment in full	20	159,648
18.2	By payment on compromised claims		
18.3	Total paid	20	159,648
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	20	159,648
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	445	7,120,780
21.	Issued during year	2	60,000
22.	Other changes to in force (net)	(25)	(329,736)
23.	In force December 31, current year	422	6,851,044

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,322,294	1,336,492		885,767	819,540
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	39,291	42,204		10,070	9,852
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,361,584	1,378,697	0	895,837	829,392
26.	Totals (Line 24 + 25.7)	1,361,584	1,378,697	0	895,837	829,392

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,646
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	7,646
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	157,475
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	157,475
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	5	157,000
	Settled during current year:		
18.1	By payment in full	5	157,000
18.2	By payment on compromised claims		
18.3	Total paid	5	157,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	5	157,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	20	392,548
21.	Issued during year		
22.	Other changes to in force (net)	(5)	(162,216)
23.	In force December 31, current year	15	230,332

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	105,643	106,777		58,233	53,879
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	12,663	13,602		22,442	21,956
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	118,305	120,379	0	80,675	75,835
26.	Totals (Line 24 + 25.7)	118,305	120,379	0	80,675	75,835

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	18,545
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	18,545
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	34,185
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	8,544
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	42,729
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	4,269
17.	Incurred during current year	7	33,560
	Settled during current year:		
18.1	By payment in full	8	33,829
18.2	By payment on compromised claims		
18.3	Total paid	8	33,829
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	8	33,829
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	87	812,046
21.	Issued during year		
22.	Other changes to in force (net)	(10)	(56,829)
23.	In force December 31, current year	77	755,217

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,041,451	1,052,635		763,029	705,979
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	12,639	13,576		5,138	5,026
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,054,090	1,066,211	0	768,167	711,006
26.	Totals (Line 24 + 25.7)	1,054,090	1,066,211	0	768,167	711,006

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	31,467
2.	Annuity considerations	1,200
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	32,667
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	13,577
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	13,577
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	13,500
	Settled during current year:		
18.1	By payment in full	3	13,500
18.2	By payment on compromised claims		
18.3	Total paid	3	13,500
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	13,500
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	99	1,283,231
21.	Issued during year		
22.	Other changes to in force (net)	(3)	(13,500)
23.	In force December 31, current year	96	1,269,731

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,723,426	4,774,147		3,538,970	3,274,369
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,869	3,082		100	98
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	4,726,296	4,777,229	0	3,539,070	3,274,467
26.	Totals (Line 24 + 25.7)	4,726,296	4,777,229	0	3,539,070	3,274,467

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	548
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	548
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	2	15,396
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	2	15,396

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,335,016	1,349,351		902,082	834,636
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	7,168	7,699		616	602
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,342,184	1,357,051	0	902,698	835,238
26.	Totals (Line 24 + 25.7)	1,342,184	1,357,051	0	902,698	835,238

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	19,845
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	19,845
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	43,280
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	4,077
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	47,358
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	5	43,000
	Settled during current year:		
18.1	By payment in full	5	43,000
18.2	By payment on compromised claims		
18.3	Total paid	5	43,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	5	43,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	70	1,034,860
21.	Issued during year		
22.	Other changes to in force (net)	(6)	(51,000)
23.	In force December 31, current year	64	983,860

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,679,609	1,697,645		1,194,932	1,105,590
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	8,486	9,115		5,586	5,465
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,688,095	1,706,760	0	1,200,518	1,111,055
26.	Totals (Line 24 + 25.7)	1,688,095	1,706,760	0	1,200,518	1,111,055

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	17,362
2.	Annuity considerations	1,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	18,362
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	15,543
10.	Matured endowments	
11.	Annuity benefits	198
12.	Surrender values and withdrawals for life contracts	3,160
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	18,901
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year	1	5,000
	Settled during current year:		
18.1	By payment in full	2	15,000
18.2	By payment on compromised claims		
18.3	Total paid	2	15,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	15,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	31	326,271
21.	Issued during year	1	21,626
22.	Other changes to in force (net)	(3)	(20,000)
23.	In force December 31, current year	29	327,897

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,203,761	1,216,687		937,972	867,842
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,346	5,743		30	29
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,209,107	1,222,430	0	938,002	867,872
26.	Totals (Line 24 + 25.7)	1,209,107	1,222,430	0	938,002	867,872

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	13,869
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	23,869
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	15,096
10.	Matured endowments	
11.	Annuity benefits	648
12.	Surrender values and withdrawals for life contracts	3,878
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	19,621
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	15,000
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full	1	15,000
18.2	By payment on compromised claims		
18.3	Total paid	1	15,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	15,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	33	339,609
21.	Issued during year	3	45,479
22.	Other changes to in force (net)	(2)	(25,000)
23.	In force December 31, current year	34	360,088

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	5,821,266	5,883,775		4,021,054	3,720,410
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	16,164	17,363		3,797	3,715
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	5,837,431	5,901,138	0	4,024,852	3,724,125
26.	Totals (Line 24 + 25.7)	5,837,431	5,901,138	0	4,024,852	3,724,125

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,532
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,532
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	8	33,154
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	8	33,154

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	12,758	12,895		26,060	24,111
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,514	2,700			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	15,272	15,595	0	26,060	24,111
26.	Totals (Line 24 + 25.7)	15,272	15,595	0	26,060	24,111

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	16,232
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	16,232
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	35,178
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	18,911
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	54,089
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	35,000
	Settled during current year:		
18.1	By payment in full	3	35,000
18.2	By payment on compromised claims		
18.3	Total paid	3	35,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	35,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	77	634,711
21.	Issued during year		
22.	Other changes to in force (net)	(4)	(89,116)
23.	In force December 31, current year	73	545,595

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	26,107	26,387		29,522	27,315
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	575	617		10,000	9,784
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	26,682	27,005	0	39,522	37,099
26.	Totals (Line 24 + 25.7)	26,682	27,005	0	39,522	37,099

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	234
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	234
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	16,045	16,217		19,843	18,360
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	347	373			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	16,392	16,590	0	19,843	18,360
26.	Totals (Line 24 + 25.7)	16,392	16,590	0	19,843	18,360

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,663
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,663
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	1,191
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	1,191
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	1,184
	Settled during current year:		
18.1	By payment in full	1	1,184
18.2	By payment on compromised claims		
18.3	Total paid	1	1,184
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	1,184
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	4	46,184
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(1,184)
23.	In force December 31, current year	3	45,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	552,953	558,891		376,296	348,161
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,477	1,587			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	554,430	560,477	0	376,296	348,161
26.	Totals (Line 24 + 25.7)	554,430	560,477	0	376,296	348,161

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,036
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,036
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	4	37,000
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(20,000)
23.	In force December 31, current year	3	17,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	64,468	65,161		49,604	45,895
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	18,392	19,756		916	897
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	82,861	84,917	0	50,521	46,792
26.	Totals (Line 24 + 25.7)	82,861	84,917	0	50,521	46,792

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	78,667
2.	Annuity considerations	27,651
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	106,319
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	196,441
10.	Matured endowments	
11.	Annuity benefits	3,037
12.	Surrender values and withdrawals for life contracts	48,605
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	248,083
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	15,000
17.	Incurred during current year	21	179,398
	Settled during current year:		
18.1	By payment in full	23	194,398
18.2	By payment on compromised claims		
18.3	Total paid	23	194,398
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	23	194,398
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	398	5,704,631
21.	Issued during year		
22.	Other changes to in force (net)	(31)	(357,830)
23.	In force December 31, current year	367	5,346,801

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	52	52			
25.2	Guaranteed renewable	773,733	782,042		539,650	499,302
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	57,009	61,236		18,301	17,905
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	46	49			
25.7	Totals (sum of Lines 25.1 to 25.6)	830,839	843,378	0	557,951	517,206
26.	Totals (Line 24 + 25.7)	830,839	843,378	0	557,951	517,206

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	13,429
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	13,429
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	5,011
10.	Matured endowments	
11.	Annuity benefits	15,000
12.	Surrender values and withdrawals for life contracts	1,856
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	21,867
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	5,000
	Settled during current year:		
18.1	By payment in full	1	5,000
18.2	By payment on compromised claims		
18.3	Total paid	1	5,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	63	770,415
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(81,894)
23.	In force December 31, current year	61	688,521

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	488,780	494,028		301,907	279,334
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	9,571	10,281		140	137
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	498,351	504,309	0	302,047	279,471
26.	Totals (Line 24 + 25.7)	498,351	504,309	0	302,047	279,471

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	14,269
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	14,269
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	35	1,298,054
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	35	1,298,054

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,536,444	1,552,942		1,218,995	1,127,854
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	6,288	6,755			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,542,732	1,559,696	0	1,218,995	1,127,854
26.	Totals (Line 24 + 25.7)	1,542,732	1,559,696	0	1,218,995	1,127,854

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	43,727
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	43,727
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	78,461
10.	Matured endowments	
11.	Annuity benefits	4,966
12.	Surrender values and withdrawals for life contracts	38,660
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	122,086
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	10	84,000
	Settled during current year:		
18.1	By payment in full	9	78,000
18.2	By payment on compromised claims		
18.3	Total paid	9	78,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	9	78,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	11,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	227	2,425,281
21.	Issued during year		
22.	Other changes to in force (net)	(15)	(181,064)
23.	In force December 31, current year	212	2,244,217

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	28	27			
25.2	Guaranteed renewable	602,557	609,027		474,573	439,090
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	24,320	26,124		1,052	1,029
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	626,904	635,178	0	475,625	440,119
26.	Totals (Line 24 + 25.7)	626,904	635,178	0	475,625	440,119

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,059
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	3,059
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	14	141,054
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(8,500)
23.	In force December 31, current year	13	132,554

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	531	536		1,765	1,633
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	6,542	7,028		1,285	1,257
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	7,073	7,564	0	3,050	2,890
26.	Totals (Line 24 + 25.7)	7,073	7,564	0	3,050	2,890

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,452
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	7,452
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,156
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	10,156
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims		
18.3	Total paid	1	10,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	33	441,857
21.	Issued during year		
22.	Other changes to in force (net)	(3)	(43,000)
23.	In force December 31, current year	30	398,857

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	399,647	403,938		293,075	271,163
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,707	2,907			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	402,354	406,846	0	293,075	271,163
26.	Totals (Line 24 + 25.7)	402,354	406,846	0	293,075	271,163

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,937
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,937
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	32,630
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	2,976
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	35,606
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	32,432
	Settled during current year:		
18.1	By payment in full	3	32,432
18.2	By payment on compromised claims		
18.3	Total paid	3	32,432
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	32,432
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	38	338,990
21.	Issued during year		
22.	Other changes to in force (net)	(4)	(45,932)
23.	In force December 31, current year	34	293,058

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	600,466	606,914		411,091	380,355
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,163	5,545		1,513	1,480
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	605,628	612,459	0	412,605	381,836
26.	Totals (Line 24 + 25.7)	605,628	612,459	0	412,605	381,836

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	34,177
2.	Annuity considerations	400
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	34,577
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	72,325
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	7,469
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	79,795
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	8,137
17.	Incurred during current year	11	68,577
	Settled during current year:		
18.1	By payment in full	12	71,714
18.2	By payment on compromised claims		
18.3	Total paid	12	71,714
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	12	71,714
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	146	1,277,981
21.	Issued during year	1	25,000
22.	Other changes to in force (net)	(14)	(106,349)
23.	In force December 31, current year	133	1,196,632

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	309,417	312,740		194,314	179,786
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,715	5,065		776	759
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	314,132	317,804	0	195,090	180,545
26.	Totals (Line 24 + 25.7)	314,132	317,804	0	195,090	180,545

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	58,823
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	58,823
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	125,188
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	30,585
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	155,774
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	4	31,912
17.	Incurred during current year	17	109,510
	Settled during current year:		
18.1	By payment in full	17	124,294
18.2	By payment on compromised claims		
18.3	Total paid	17	124,294
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	17	124,294
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	17,128
	POLICY EXHIBIT		
20.	In force December 31, prior year	248	3,354,132
21.	Issued during year	1	10,000
22.	Other changes to in force (net)	(26)	(665,349)
23.	In force December 31, current year	223	2,698,783

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,414,734	1,429,925		1,036,815	959,294
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	13,145	14,120		1,036	1,014
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,427,879	1,444,045	0	1,037,851	960,308
26.	Totals (Line 24 + 25.7)	1,427,879	1,444,045	0	1,037,851	960,308

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	702
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	702
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	563,859	569,913		413,241	382,344
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,117	3,348		155	152
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	566,975	573,261	0	413,397	382,496
26.	Totals (Line 24 + 25.7)	566,975	573,261	0	413,397	382,496

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	21,488
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	21,488
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	83,339
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	8,243
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	91,582
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	6	82,984
	Settled during current year:		
18.1	By payment in full	6	82,984
18.2	By payment on compromised claims		
18.3	Total paid	6	82,984
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	6	82,984
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	118	1,321,572
21.	Issued during year		
22.	Other changes to in force (net)	(10)	(109,587)
23.	In force December 31, current year	108	1,211,985

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,137,297	3,170,985		2,124,758	1,965,895
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	16,437	17,656		10,423	10,198
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	(12)	(12)		200	200
25.7	Totals (sum of Lines 25.1 to 25.6)	3,153,722	3,188,628	0	2,135,381	1,976,292
26.	Totals (Line 24 + 25.7)	3,153,722	3,188,628	0	2,135,381	1,976,292

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	11,861	11,988		7,078	6,549
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	835	897			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	12,696	12,885	0	7,078	6,549
26.	Totals (Line 24 + 25.7)	12,696	12,885	0	7,078	6,549

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	429
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	429
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	11,000
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	1	11,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	115,479	116,719		86,953	80,452
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,438	4,767			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	119,917	121,486	0	86,953	80,452
26.	Totals (Line 24 + 25.7)	119,917	121,486	0	86,953	80,452

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	16,572
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	26,572
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,075
10.	Matured endowments	
11.	Annuity benefits	528
12.	Surrender values and withdrawals for life contracts	1,336
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	11,939
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims		
18.3	Total paid	1	10,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	48	673,201
21.	Issued during year		
22.	Other changes to in force (net)	(3)	(18,000)
23.	In force December 31, current year	45	655,201

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,022,744	3,055,202		2,275,012	2,104,914
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	28,415	30,522		13,589	13,295
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,051,159	3,085,724	0	2,288,600	2,118,209
26.	Totals (Line 24 + 25.7)	3,051,159	3,085,724	0	2,288,600	2,118,209

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,890
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,890
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	2,202
12.	Surrender values and withdrawals for life contracts	1,648
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	3,850
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	21	823,627
21.	Issued during year	1	25,000
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	21	838,627

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,453,040	1,468,643		1,112,500	1,029,321
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	8,056	8,654		265	259
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,461,096	1,477,297	0	1,112,765	1,029,580
26.	Totals (Line 24 + 25.7)	1,461,096	1,477,297	0	1,112,765	1,029,580

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	589
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	589
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	50,707
12.	Surrender values and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	50,707
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	15,000
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	1	15,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,130,251	1,142,388		718,747	665,008
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,086	1,166			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,131,337	1,143,554	0	718,747	665,008
26.	Totals (Line 24 + 25.7)	1,131,337	1,143,554	0	718,747	665,008

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	282,206
2. Current year's realized pre-tax capital gains/(losses) of $.....0 transferred into the reserve net of taxes of $.....(5,230)	5,230
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)	287,436
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	64,769
6. Reserve as of December 31, current year (Line 4 minus Line 5)	222,667

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. 2016	62,753	2,016		64,769
2. 2017	42,736	(3,812)		38,924
3. 2018	31,013	2,672		33,685
4. 2019	21,824	2,001		23,825
5. 2020	16,719	1,311		18,030
6. 2021	15,585	593		16,178
7. 2022	14,923	201		15,124
8. 2023	13,902	160		14,062
9. 2024	12,798	115		12,913
10. 2025	11,608	69		11,677
11. 2026	10,072	19		10,091
12. 2027	7,845	(5)		7,840
13. 2028	5,879	(5)		5,874
14. 2029	4,554	(5)		4,549
15. 2030	3,247	(5)		3,242
16. 2031	2,147	(5)		2,142
17. 2032	1,584	(6)		1,578
18. 2033	1,293	(6)		1,287
19. 2034	994	(6)		988
20. 2035	609	(6)		603
21. 2036	197	(7)		190
22. 2037	(10)	(7)		(17)
23. 2038	(11)	(7)		(18)
24. 2039	(12)	(7)		(19)
25. 2040	(12)	(8)		(20)
26. 2041	(11)	(8)		(19)
27. 2042	(9)	(8)		(17)
28. 2043	(7)	(6)		(13)
29. 2044	(4)	(4)		(8)
30. 2045	(1)	(3)		(4)
31. 2046 and Later		(1)		(1)
32. Total (Lines 1 to 31)	282,205	5,230	0	287,435

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	52,428	0	52,428		0	0	52,428
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	8,967		8,967			0	8,967
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	61,395	0	61,395	0	0	0	61,395
9. Maximum reserve	54,527		54,527			0	54,527
10. Reserve objective	39,138		39,138			0	39,138
11. 20% of (Line 10 minus Line 8)	(4,451)	(0)	(4,451)	0	(0)	(0)	(4,451)
12. Balance before transfers (Lines 8 + 11)	56,944	0	56,944	0	0	0	56,944
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(2,417)		(2,417)			0	(2,417)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	54,527	0	54,527	0	0	0	54,527

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	2,023,848	XXX	XXX	2,023,848	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	10,905,163	XXX	XXX	10,905,163	0.0004	4,362	0.0023	25,082	0.0030	32,715
3	2	High quality	2,423,478	XXX	XXX	2,423,478	0.0019	4,605	0.0058	14,056	0.0090	21,811
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 long-term bonds (sum of Lines 1 through 8)	15,352,489	XXX	XXX	15,352,489	XXX	8,967	XXX	39,138	XXX	54,527
		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	178,767	XXX	XXX	178,767	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
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 through 24)	178,767	XXX	XXX	178,767	XXX	0	XXX	0	XXX	0
		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)	15,531,256	XXX	XXX	15,531,256	XXX	8,967	XXX	39,138	XXX	54,527

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		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 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS														
1. Premiums written	11,560,296	XXX		XXX	79	XXX	10,970,038	XXX		XXX	590,058	XXX	121	XXX
2. Premiums earned	11,686,080	XXX		XXX	78	XXX	11,050,755	XXX		XXX	635,117	XXX	130	XXX
3. Incurred claims	7,649,599	65.5	0	0.0	0	0.0	7,427,737	67.2	0	0.0	221,662	34.9	200	153.8
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	7,649,599	65.5	0	0.0	0	0.0	7,427,737	67.2	0	0.0	221,662	34.9	200	153.8
6. Increase in contract reserves	(45,901)	(0.4)	0	0.0	62	79.5	(25,994)	(0.2)	0	0.0	(19,871)	(3.1)	(98)	(75.4)
7. Commissions (a)	(2,014,378)	(17.2)		0.0		0.0	(2,014,378)	(18.2)		0.0		0.0		0.0
8. Other general insurance expenses	6,286,237	53.8		0.0		0.0	6,271,722	56.8		0.0	14,515	2.3		0.0
9. Taxes, licenses and fees	298,241	2.6		0.0		0.0	297,552	2.7		0.0	689	0.1		0.0
10. Total other expenses incurred	4,570,100	39.1	0	0.0	0	0.0	4,554,896	41.2	0	0.0	15,204	2.4	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(487,718)	(4.2)	0	0.0	16	20.5	(905,884)	(8.2)	0	0.0	418,122	65.8	28	21.5
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(487,718)	(4.2)	0	0.0	16	20.5	(905,884)	(8.2)	0	0.0	418,122	65.8	28	21.5
DETAILS OF WRITE-INS														
1101.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
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
1199. Total (Lines 1101 through1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES							
A. Premium Reserves:							
1. Unearned premiums	607,427		17	428,228		179,115	67
2. Advance premiums	109,527			43,410		66,117	
3. Reserve for rate credits	0						
4. Total premium reserves, current year	716,954	0	17	471,638	0	245,232	67
5. Total premium reserves, prior year	842,647		17	552,266		290,290	74
6. Increase in total premium reserves	(125,693)	0	0	(80,628)	0	(45,058)	(7)
B. Contract Reserves:							
1. Additional reserves (a)	474,759		233	395,109		79,035	382
2. Reserve for future contingent benefits	0						
3. Total contract reserves, current year	474,759	0	233	395,109	0	79,035	382
4. Total contract reserves, prior year	520,660		171	421,103		98,906	480
5. Increase in contract reserves	(45,901)	0	62	(25,994)	0	(19,871)	(98)
C. Claim Reserves and Liabilities:							
1. Total current year	1,172,798	0	0	1,104,237	0	68,561	0
2. Total prior year	1,460,227			1,386,761		73,466	
3. Increase	(287,429)	0	0	(282,524)	0	(4,905)	0
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	1,253,037			1,211,302		41,735	
1.2 On claims incurred during current year	6,683,991			6,498,959		184,832	200
2. Claim Reserves and Liabilities, December 31, Current Year:							
2.1 On claims incurred prior to current year	14,074			13,251		823	
2.2 On claims incurred during current year	1,158,724			1,090,986		67,738	
3. Test:							
3.1 Line 1.1 plus 2.1	1,267,111	0	0	1,224,553	0	42,558	0
3.2 Claim reserves and liabilities, December 31, prior year	1,460,227			1,386,761		73,466	
3.3 Line 3.1 minus Line 3.2	(193,116)	0	0	(162,208)	0	(30,908)	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	45,253,654			45,237,571		16,083	
2. Premiums earned	45,765,194			45,749,111		16,083	
3. Incurred claims	30,704,290			30,704,290			
4. Commissions	5,164,930			5,164,930			

(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			38,353,889	38,353,889
2. Beginning claim reserves and liabilities			8,020,526	8,020,526
3. Ending claim reserves and liabilities			4,934,186	4,934,186
4. Claims paid	0	0	41,440,229	41,440,229
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			30,704,290	30,704,290
10. Beginning claim reserves and liabilities			6,560,298	6,560,298
11. Ending claim reserves and liabilities			3,761,388	3,761,388
12. Claims paid	0	0	33,503,200	33,503,200
D. Net:				
13. Incurred claims	0	0	7,649,599	7,649,599
14. Beginning claim reserves and liabilities	0	0	1,460,228	1,460,228
15. Ending claim reserves and liabilities	0	0	1,172,798	1,172,798
16. Claims paid	0	0	7,937,029	7,937,029
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses			7,649,599	7,649,599
18. Beginning reserves and liabilities			1,460,227	1,460,227
19. Ending reserves and liabilities			1,172,798	1,172,798
20. Paid claims and cost containment expenses	0	0	7,937,028	7,937,028

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						
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	175,474	.....
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				175,474	0
1099999.	Total - Life and Annuity Non-Affiliates.....				175,474	0
1199999.	Total - Life and Annuity.....				175,474	0
2399999.	Total U.S.....				175,474	0
9999999.	Total.....				175,474	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099.....	75-1608507....	01/01/1994	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	2,444,006	31,174	32,588	.....	.....	.....	.....	.....
88099.....	75-1608507....	06/29/1997	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	1,508,729	734,588	699,018	35,778	.....	.....	.....	.....
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	CO/I.....	OL.....	32,032,489	9,869,668	10,817,631	647,242	.....	.....	.....	.....
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	ACO/I.....	FL.....	XXXXXXXXXXXX...	2,430,982	2,332,036	39,759	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						35,985,224	13,066,412	13,881,273	722,779	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						35,985,224	13,066,412	13,881,273	722,779	0	0	0	0
1199999.	Total - General Account - Authorized.....						35,985,224	13,066,412	13,881,273	722,779	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						35,985,224	13,066,412	13,881,273	722,779	0	0	0	0
6999999.	Total U.S.....						35,985,224	13,066,412	13,881,273	722,779	0	0	0	0
9999999.	Total.....						35,985,224	13,066,412	13,881,273	722,779	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
86258	13-2572994	.12/31/1998	Gen Re Life Corporation	CT	CO/I	MS	44,377,351	2,232,648	8,848,368				
70688	36-6071399	.12/31/2001	Transamerica Financial Life Insurance Company	NY	CO/I	MS	82,254	6,094	23,984				
66346	58-0828824	.07/07/2009	Munich American Reinsurance Company	GA	YRT/I	STM	906,179	62,908	181,875				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						45,365,784	2,301,650	9,054,227	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						45,365,784	2,301,650	9,054,227	0	0	0	0
1199999.	Total - General Account - Authorized						45,365,784	2,301,650	9,054,227	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1440076	.02/01/2005	Sirius International Insurance Corporation	SWE	YRT/I	A	16,083						
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates						16,083	0	0	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates						16,083	0	0	0	0	0	0
2299999.	Total - General Account - Unauthorized						16,083	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						45,381,867	2,301,650	9,054,227	0	0	0	0
6999999.	Total - U.S.						45,365,784	2,301,650	9,054,227	0	0	0	0
7099999.	Total - Non-U.S.						16,083	0	0	0	0	0	0
9999999.	Total						45,381,867	2,301,650	9,054,227	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000.....	AA-1440076	.02/01/2005	Sirius International Insurance Corporation.....	.....	.....	.....	0	.....	.....	.....	.....	.....	.....	0
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2199999.	Total - General Account - Accident and Health - Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2299999.	Total - General Account - Accident and Health.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2399999.	Total - General Account.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
3699999.	Total - Non-U.S.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
9999999.	Total.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0

SCHEDULE S - PART 5

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

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

NONE

SCHEDULE S - PART 6

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

		1 2016	2 2015	3 2014	4 2013	5 2012
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	46,105	53,128	62,271	72,275	84,416
2.	Commissions and reinsurance expense allowances	5,287	6,632	9,273	12,924	17,052
3.	Contract claims	32,772	45,352	39,036	64,463	62,391
4.	Surrender benefits and withdrawals for life contracts	300	168	228	182	269
5.	Refunds to members					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts	(2,190)	2,903	(2,437)	(2,159)	(1,578)
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	338	360	488	504	947
9.	Aggregate reserves for life and accident and health contracts	24,422	13,804	29,454	31,968	34,098
10.	Liability for deposit-type contracts	7		23	72	35
11.	Contract claims unpaid	3,928	6,789	12,329	10,479	13,324
12.	Amounts recoverable on reinsurance	189	368	411	1,122	413
13.	Experience rating refunds due or unpaid					
14.	Refunds to members (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers					
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					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	16,321,861		16,321,861
2.	Reinsurance (Line 16)	251,946		251,946
3.	Premiums and considerations (Line 15)	114,576	338,448	453,024
4.	Net credit for ceded reinsurance	XXX	28,456,644	28,456,644
5.	All other admitted assets (balance)	202,133		202,133
6.	Total assets excluding Separate Accounts (Line 26)	16,890,516	28,795,092	45,685,608
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	16,890,516	28,795,092	45,685,608
	LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	4,165,530	24,422,290	28,587,820
10.	Liability for deposit-type contracts (Line 3)	7,417		7,417
11.	Claim reserves (Line 4)	1,189,028	3,928,413	5,117,441
12.	Member refunds/reserves (Lines 5 through 6)			0
13.	Premium & annuity considerations received in advance (Line 7)	111,724	444,389	556,113
14.	Other contract liabilities (Line 8)	222,666		222,666
15.	Reinsurance in unauthorized companies (Line 21.2 minus inset amount)			0
16.	Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.2 inset amount)			0
18	Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount)			0
19.	All other liabilities (balance)	1,783,014		1,783,014
20.	Total liabilities excluding Separate Accounts (Line 23)	7,479,379	28,795,092	36,274,471
21.	Separate Account liabilities (Line 24)			0
22.	Total liabilities (Line 25)	7,479,379	28,795,092	36,274,471
23.	Capital & surplus (Line 30)	9,411,137	XXX	9,411,137
24.	Total liabilities, capital & surplus (Line 31)	16,890,516	28,795,092	45,685,608

	NET CREDIT FOR CEDED REINSURANCE	
25.	Contract reserves	24,422,290
26.	Claim reserves	3,928,413
27.	Member refunds/reserves	0
28.	Premium & annuity considerations received in advance	444,389
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	28,795,092
34.	Premiums and considerations	338,448
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	338,448
41.	Total net credit for ceded reinsurance	28,456,644

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	9,688					9,688
2. Alaska	AK	266					266
3. Arizona	AZ	4,551	1,000				5,551
4. Arkansas	AR	7,423					7,423
5. California	CA	60,964					60,964
6. Colorado	CO	3,364	2,400				5,764
7. Connecticut	CT	4,802					4,802
8. Delaware	DE						0
9. District of Columbia	DC	548					548
10. Florida	FL	67,427					67,427
11. Georgia	GA	29,639					29,639
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL	48,561	680		1,020		50,262
15. Indiana	IN	37,210					37,210
16. Iowa	IA	13,594					13,594
17. Kansas	KS	13,556	1,800				15,356
18. Kentucky	KY	24,186					24,186
19. Louisiana	LA	20,938					20,938
20. Maine	ME	638	10,000				10,638
21. Maryland	MD	3,356					3,356
22. Massachusetts	MA	4,939					4,939
23. Michigan	MI	92,465					92,465
24. Minnesota	MN	7,646					7,646
25. Mississippi	MS	31,467	1,200				32,667
26. Missouri	MO	18,545					18,545
27. Montana	MT	548					548
28. Nebraska	NE	13,869	10,000				23,869
29. Nevada	NV	2,663					2,663
30. New Hampshire	NH	1,532					1,532
31. New Jersey	NJ	16,232					16,232
32. New Mexico	NM	234					234
33. New York	NY	2,036					2,036
34. North Carolina	NC	19,845					19,845
35. North Dakota	ND	17,362	1,000				18,362
36. Ohio	OH	78,667	27,651				106,319
37. Oklahoma	OK	13,429					13,429
38. Oregon	OR	14,269					14,269
39. Pennsylvania	PA	43,727					43,727
40. Rhode Island	RI	3,059					3,059
41. South Carolina	SC	7,452					7,452
42. South Dakota	SD	9,937					9,937
43. Tennessee	TN	34,177	400				34,577
44. Texas	TX	58,823					58,823
45. Utah	UT	702					702
46. Vermont	VT						0
47. Virginia	VA	21,488					21,488
48. Washington	WA	429					429
49. West Virginia	WV	9,890					9,890
50. Wisconsin	WI	16,572	10,000				26,572
51. Wyoming	WY	589					589
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	21,006					21,006
58. Aggregate Other Alien	OT						0
59. Totals		914,315	66,131	0	1,020	0	981,467

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
.....	.....	56383...	31-4273120..	.....	.....	0.....	The Order of United Commercial Travelers of America	OH.....	RE.....	The Order of United Commercial Travelers of America	Board.....	.....	The Order of United Commercial Travelers of America	.....N.....	.....
.....	.....	.....	31-1486573..	.....	.....	0.....	UCT Charities.....	OH.....	OTH.....	The Order of United Commercial Travelers of America	Other.....	.....	The Order of United Commercial Travelers of America	.....N.....	1.....
.....	.....	.....	47-3632781..	.....	.....	0.....	UCT Insurance Agency LLC.....	OH.....	DS.....	The Order of United Commercial Travelers of America	Ownership.....	....100.000	The Order of United Commercial Travelers of America	.....N.....	.....

Asteri	Explanation
1	This entity is a 501(c)(3) charitable organization that provides scholarships. The Board of Directors of UCT Charities is appointed by the Board of The Order of United Commercial Travelers of America.

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
56383	31-4273120	The Order of United Commercial Travelers of America					6,000				6,000	
	31-1486573	UCT Charities					(6,000)				(6,000)	
	47-3632781	UCT Insurance Agency LLC									0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	YES
8.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
9.	Will the regulator only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) 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	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
12.	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
13.	Will the statement on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	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
16.	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
17.	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
18.	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
19.	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
20.	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
21.	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
22.	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
23.	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
24.	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
25.	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
26.	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
27.	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
28.	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
29.	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
30.	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
31.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
33.	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
34.	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
35.	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	
36.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
37.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
38.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
39.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
40.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
41.	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
42.	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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

43. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
44. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

45. 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

EXPLANATIONS: **BARCODES:**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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

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

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.

35.

36.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

38.

39.

40.

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

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

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

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3	Aggregate of			
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
09.304 Agent Services	2,049		44,855				46,904
09.305 Product Development	12		265				277
09.306 Temporary Worker Services	729		15,948				16,676
09.307 Claims Outsourcing	32,020		700,917				732,937
09.308 Depreciation-Leasehold Improvements	168		3,683				3,851
09.309 Records Storage	724		15,858			301	16,884
09.310 Charitable Contributions	141		3,082			44,808	48,031
09.311 UCT Events	91		1,986			188	2,264
09.397 Summary of remaining write-ins for Line 9.3	35,934	0	786,593	0	0	45,297	867,825

Overflow Page for Write-Ins

NONE

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(B)-91	B	NO	346	02/07/1995			07/01/1997	PLAN B ISSUE AGE	3,398	2,795	82.3	1			0.0	
YES	MS(C)91	C	NO	346	02/07/1995			07/01/1997	PLAN C ISSUE AGE	25,862	7,458	28.8	6			0.0	
YES	MS(F)-91	F	NO	346	02/07/1995			07/01/1997	PLAN F ISSUE AGE	9,305	6,249	67.2	2			0.0	
YES	MS(C)-04	C	NO	346	03/12/2004			12/31/2005	PLAN C ATTAINED AGE	3,156	2,658	84.2	1			0.0	
YES	MS AB 06	B	NO	346	08/20/2005			05/31/2010	PLAN B ATTAINED AGE	3,560	(82)	(2.3)	1			0.0	
YES	MS AC 06	C	NO	346	08/20/2005			05/31/2010	PLAN C ATTAINED AGE	37,387	14,832	39.7	11			0.0	
YES	MS AF 06	F	NO	346	08/20/2005			05/31/2010	PLAN F ATTAINED AGE	509,152	283,777	55.7	144			0.0	
YES	MS AG 06	G	NO	346	08/20/2005			05/31/2010	PLAN G ATTAINED AGE	48,728	34,344	70.5	14			0.0	
YES	MSAAF2010	F	NO	346	04/19/2010				PLAN F ATTAINED AGE (2010)	11,752	5,481	46.6	4			0.0	
YES	MSAAG2010	G	NO	346	04/19/2010				PLAN G ATTAINED AGE (2010)	2,112	148	7.0	1			0.0	
YES	MSAAN2010	N	NO	346	04/19/2010				PLAN N ATTAINED AGE (2010)	13,676	1,926	14.1	6			0.0	
0199999.	Total Policy Experience on Individual Policies									668,088	359,586	53.8	191	0	0	0.0	0

360.AL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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.....	MS-88.....	P.....	.....NO.....	....246.....	.02/16/1988	.....	.08/27/1991	.02/01/1992	PRE-STANDARD.....	.....	.....(45)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES	MS IF 06 AR.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	1,348,935	1,112,242	.....82.5	495	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 AR.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	114,840	72,078	.....62.8	48	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010 AR.....	F.....	.....NO.....	....34.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....(7)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MSIAG2010 AR.....	G.....	.....NO.....	....34.....	.05/20/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	2,422	2,785	.....115.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,466,197	1,187,053	.....81.0	544	0	0	.....0.0	0

360.AR

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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.....	MS(C) 00 AZ.....	C.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN C ATTAINED AGE.....	4,899	568	.....11.6	1	.....	.....	.....0.0	.....
.....YES.....	MS(F) 00 AZ.....	F.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN F ATTAINED AGE.....	4,039	1,392	.....34.5	1	.....	.....	.....0.0	.....
.....YES.....	MS IF 06 AZ.....	F.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	1,671,490	927,167	.....55.5	442	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 AZ.....	G.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	85,413	79,770	.....93.4	25	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010 AZ.....	F.....	.....NO.....	....346.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....(2)	.....0.0	.....	6,060	7,857	.....129.7	2
0199999.	Total Policy Experience on Individual Policies.....									1,765,841	1,008,895	.....57.1	469	6,060	7,857	.....129.7	2

360.AZ

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....California

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.02/25/1988	.....	.08/08/1991	.08/01/1992	PRE-STANDARD.....	4,923	19,511	.....396.3	1	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN C ISSUE AGE.....	4,821	611	.....12.7	1	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN F ISSUE AGE.....	25,387	19,631	.....77.3	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									35,131	39,753	.....113.2	6	0	0	.....0.0	0

360.CA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(D)-02 CO	D	NO	346	04/29/2002			03/15/2006	PLAN D ATTAINED AGE		(6)	0.0				0.0	
YES	MS(F)-02 CO	F	NO	346	04/29/2002			03/15/2006	PLAN F ATTAINED AGE	88,406	51,612	58.4	32			0.0	
YES	MS(G)-03 CO	G	NO	346	10/10/2003			03/15/2006	PLAN G ATTAINED AGE	13,580	1,596	11.8	6			0.0	
YES	MS AB 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN B ATTAINED AGE	2,159	(29)	(1.3)	1			0.0	
YES	MS AF 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN F ATTAINED AGE	945,737	546,962	57.8	360			0.0	
YES	MS AG 06 CO	G	NO	346	03/15/2006			05/31/2010	PLAN G ATTAINED AGE	266,570	192,876	72.4	114			0.0	
YES	MS AAF2010 CO	F	NO	346	07/06/2010				PLAN F ATTAINED AGE (2010)	148,479	93,953	63.3	67	19,026	2,052	10.8	12
YES	MS AAG2010 CO	G	NO	346	07/06/2010				PLAN G ATTAINED AGE (2010)			0.0		3,678	636	17.3	2
YES	MSAAN2010 CO	N	NO	346	07/06/2010				PLAN N ATTAINED AGE (2010)	17,912	49,243	274.9	8		(817)	0.0	
0199999.	Total Policy Experience on Individual Policies									1,482,843	936,207	63.1	588	22,704	1,871	8.2	14

360.CO

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-88 FL.....	P.....	.....NO.....	....246.....	.09/12/1988	.....	.02/25/1991	.01/01/1992	PRE-STANDARD.....	6,623	6,704	.....101.2	3	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.04/17/1992	.....	.....	.07/01/2004	PLAN A ISSUE AGE.....	58,838	28,890	.....49.1	29	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.04/08/1992	.....	.....	.07/01/2004	PLAN B ISSUE AGE.....	159,969	159,997	.....100.0	65	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/27/1994	.....	.....	.07/01/2004	PLAN C ISSUE AGE.....	1,228,315	1,285,664	.....104.7	448	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.04/23/1992	.....	.....	.07/01/2004	PLAN F ISSUE AGE.....	1,633,500	1,302,091	.....79.7	554	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,087,245	2,783,346	.....90.2	1,099	0	0	.....0.0	0

360.FL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	05/24/1988		05/23/1991	01/01/1992	PRE-STANDARD	1,975	(1,083)	(54.8)	1			0.0	
YES	MS(A)-91	A	NO	346	02/15/1994			01/13/2006	PLAN A ISSUE AGE	5,708	(722)	(12.6)	2			0.0	
YES	MS(B)-91	B	NO	346	02/15/1994			01/13/2006	PLAN B ISSUE AGE	22,658	686	3.0	7			0.0	
YES	MS(C)-91	C	NO	346	02/15/1994			01/13/2006	PLAN C ISSUE AGE	61,571	38,705	62.9	14			0.0	
YES	MS(F)-91	F	NO	346	02/15/1994			01/13/2006	PLAN F ISSUE AGE	101,625	66,464	65.4	22			0.0	
YES	MS IC 06 GA	C	NO	346	01/13/2006			05/31/2010	PLAN C ISSUE AGE	4,248	(323)	(7.6)	1			0.0	
YES	MSIAF2010 GA	F	NO	346	10/23/2013				PLAN F ISSUE AGE (2010)			0.0			(36)	0.0	
YES	MSIAG2010 GA	G	NO	346	10/23/2013				PLAN G ISSUE AGE (2010)			0.0			(90)	0.0	
0199999.	Total Policy Experience on Individual Policies									197,785	103,727	52.4	47	0	(126)	0.0	0

360.GA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(C)-91	C	NO	346	.03/15/1995			.08/03/2000	PLAN C ISSUE AGE	8,868	1,943	21.9	1			0.0	
YES	MS(F)-91	F	NO	346	.03/15/1995			.08/03/2000	PLAN F ISSUE AGE	79,222	18,047	22.8	12			0.0	
YES	MS AD 06	D	NO	346	.09/09/2005			.05/31/2010	PLAN D ATTAINED AGE		(18)	0.0				0.0	
YES	MS AF 06	F	NO	346	.09/09/2005			.05/31/2010	PLAN F ATTAINED AGE	427,998	265,764	62.1	100			0.0	
YES	MS AG 08	G	NO	346	.07/30/2008			.05/31/2010	PLAN G ATTAINED AGE	36,835	20,368	55.3	9			0.0	
YES	MSAAF2010	F	NO	346	.05/25/2010				PLAN F ATTAINED AGE (2010)	3,560	4,692	131.8	1			0.0	
0199999.	Total Policy Experience on Individual Policies									556,483	310,796	55.9	123	0	0	0.0	0

360.IA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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.....	MS IF 06 ID.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	2,615,226	1,699,995	.....65.0	782	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 ID.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	502,069	491,082	.....97.8	194	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010	F.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	24,796	14,854	.....59.9	8	3,938	3,933	.....99.9	1
.....YES.....	MSIAG2010.....	G.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	2,211	491	.....22.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,144,302	2,206,422	.....70.2	985	3,938	3,933	.....99.9	1

360.ID

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(A)-91	A	NO	346	.01/15/1992			.02/05/2001	PLAN A ISSUE AGE		(20)	0.0				0.0	
YES	MS(B)-91	B	NO	346	.01/15/1992			.02/05/2001	PLAN B ISSUE AGE	4,337	6,019	138.8	1			0.0	
YES	MS(C)-91	C	NO	346	.10/07/1993			.02/05/2001	PLAN C ISSUE AGE	52,328	35,488	67.8	10			0.0	
YES	MS(F)-91	F	NO	346	.01/15/1992			.02/05/2001	PLAN F ISSUE AGE	311,480	175,291	56.3	56			0.0	
YES	MS(F)-00	F	NO	346	.02/05/2001			.12/31/2005	PLAN F ATTAINED AGE	11,268	8,238	73.1	3			0.0	
YES	MS AC 06 IL	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE		(6)	0.0				0.0	
YES	MS AD 06 IL	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	2,755	8,992	326.4	1			0.0	
YES	MS AF 06 IL	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	1,087,566	681,569	62.7	277			0.0	
YES	MS AG 06 IL	G	NO	346	.09/12/2005			.05/31/2010	PLAN G ATTAINED AGE	212,493	161,062	75.8	62			0.0	
YES	MS AAF 2010 IL	F	NO	346	.05/22/2010				PLAN F ATTAINED AGE (2010)	84,536	38,885	46.0	22	2,402	(498)	(20.7)	1
YES	MS AAG 2010IL	G	NO	346	.05/22/2010				PLAN G ATTAINED AGE (2010)	19,436	18,457	95.0	6	4,948	(2,625)	(53.1)	2
0199999.	Total Policy Experience on Individual Policies									1,786,199	1,133,975	63.5	438	7,350	(3,123)	(42.5)	3

360.IL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(A)-91	A	NO	346	03/28/1994			10/16/2000	PLAN A ISSUE AGE	2,451	22	0.9	1			0.0	
YES	MS(B)-91	B	NO	346	03/28/1994			10/16/2000	PLAN B ISSUE AGE	953	309	32.4				0.0	
YES	MS(C)-91	C	NO	346	03/28/1994			10/16/2000	PLAN C ISSUE AGE	83,283	39,335	47.2	18			0.0	
YES	MS(F)-91	F	NO	346	03/28/1994			10/16/2000	PLAN F ISSUE AGE	152,898	155,941	102.0	30			0.0	
YES	MS(C)-00	C	NO	346	10/16/2000			12/31/2005	PLAN C ATTAINED AGE	15,957	11,048	69.2	4			0.0	
YES	MS(D)-00	D	NO	346	10/16/2000			12/31/2005	PLAN D ATTAINED AGE	317	(223)	(70.3)				0.0	
YES	MS(F)-00	F	NO	346	10/16/2000			12/31/2005	PLAN F ATTAINED AGE	206,837	244,281	118.1	52			0.0	
YES	MS(G)-03	G	NO	346	10/10/2003			12/31/2005	PLAN G ATTAINED AGE	68,857	20,326	29.5	21			0.0	
YES	MS AB 06	B	NO	346	12/27/2005			05/31/2010	PLAN B ATTAINED AGE		(393)	0.0				0.0	
YES	MS AC 06	C	NO	346	12/27/2005			05/31/2010	PLAN C ATTAINED AGE	21,785	10,851	49.8	6			0.0	
YES	MS AD 06	D	NO	346	12/27/2005			05/31/2010	PLAN D ATTAINED AGE	5,848	25,955	443.8	2			0.0	
YES	MS AF 06	F	NO	346	12/27/2005			05/31/2010	PLAN F ATTAINED AGE	1,157,013	747,388	64.6	311			0.0	
YES	MS AG 06	G	NO	346	12/27/2006			05/31/2010	PLAN G ATTAINED AGE	1,592,742	1,085,752	68.2	528			0.0	
YES	MS AAF 2010	F	NO	34	05/28/2010				PLAN F ATTAINED AGE (2010)	25,572	2,589	10.1	8			0.0	
YES	MS AAG 2010	G	NO	34	05/28/2010				PLAN G ATTAINED AGE (2010)	10,531	14,945	141.9	5		(176)	0.0	
0199999.	Total Policy Experience on Individual Policies									3,345,044	2,358,126	70.5	986	0	(176)	0.0	0

360.IN

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.10/04/1989	.....	.02/22/1991	.04/01/1992	PRE-STANDARD.....	3,249	.....(10)	.....(0.3)	1	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.03/25/1992	.....	.....	.11/05/2007	PLAN A ISSUE AGE.....	609	582	.....95.6	.....	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/03/1995	.....	.....	.11/05/2007	PLAN C ISSUE AGE.....	208,854	143,298	.....68.6	42	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.05/06/1992	.....	.....	.11/05/2007	PLAN F ISSUE AGE.....	46,703	25,766	.....55.2	8	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 KS.....	F.....	.....NO.....	....346.....	.08/17/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	11,785	4,615	.....39.2	4	.....	.....(853)	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									271,200	174,251	.....64.3	55	0	.....(853)	.....0.0	0

360.KS

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	.01/26/1988		.02/01/1991	.01/01/1992	PRE-STANDARD	1,935	4,077	210.7	1			0.0	
YES	MS(A)-91	A	NO	346	.03/11/1992			.01/03/2001	PLAN A ISSUE AGE	2,595	(878)	(33.8)	1			0.0	
YES	MS(B)-91	B	NO	346	.12/02/1993			.01/03/2001	PLAN B ISSUE AGE		(3)	0.0				0.0	
YES	MS(C)-91	C	NO	346	.12/02/1993			.01/03/2001	PLAN C ISSUE AGE	36,867	24,107	65.4	7			0.0	
YES	MS(F)-91	F	NO	346	.05/06/1992			.01/03/2001	PLAN F ISSUE AGE	81,258	44,374	54.6	17			0.0	
YES	MSAAC2010 KY	C	NO	346	.07/20/2010				PLAN C ATTAINED (2010)	2,532	7,702	304.2	1			0.0	
YES	MSAAF2010 KY	F	NO	346	.07/20/2010				PLAN F ATTAINED AGE (2010)	4,549	935	20.6	2			0.0	
0199999.	Total Policy Experience on Individual Policies									129,736	80,314	61.9	29	0	0	0.0	0

360.KY

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.11/15/1993	.....	.....	.05/24/2001	PLAN C ISSUE AGE.....	4,714	1,652	.....35.0	1	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.08/14/1992	.....	.....	.05/24/2001	PLAN F ISSUE AGE.....	14,502	990	.....6.8	3	.....	.....	.....0.0	.....
.....YES.....	MS(G)-04 LA.....	G.....	.....NO.....	....346.....	.02/20/2004	.....	.....	.02/16/2006	PLAN G ATTAINED AGE.....	8,641	4,988	.....57.7	2	.....	.....	.....0.0	.....
.....YES.....	MS AC 06 LA.....	C.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	18,313	10,116	.....55.2	3	.....	.....	.....0.0	.....
.....YES	MS AD 06 LA.....	D.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	9,315	4,246	.....45.6	2	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 LA.....	F.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,908,748	1,323,350	.....69.3	373	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 LA.....	G.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	202,258	95,996	.....47.5	41	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 LA.....	F.....	.....NO.....	....346.....	.06/25/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	3,820	1,498	.....39.2	1	.....	.....	.....0.0	.....
.....YES.....	MSAAG2010 LA.....	G.....	.....NO.....	....346.....	.06/25/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	934	.....(186)	.....(19.9)	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									2,171,245	1,442,650	.....66.4	426	0	0	.....0.0	0

360.LA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(A)-91	A	NO	346	02/11/1992			08/01/2000	PLAN A ISSUE AGE	6,771	1,105	16.3	2			0.0	
YES	MS(C)-91	C	NO	346	08/19/1993			08/01/2000	PLAN C ISSUE AGE	61,883	8,897	14.4	10			0.0	
YES	MS(F)-91	F	NO	346	05/04/1992			08/01/2000	PLAN F ISSUE AGE	29,723	12,380	41.7	6			0.0	
YES	MS(C)-00	C	NO	346	08/01/2000			12/31/2005	PLAN C ATTAINED AGE	18,196	3,728	20.5	4			0.0	
YES	MS(D)-00	D	NO	346	08/01/2000			12/31/2005	PLAN D ATTAINED AGE	8,670	1,453	16.8	2			0.0	
YES	MS(F)-00	F	NO	346	08/01/2000			12/31/2005	PLAN F ATTAINED AGE	4,467	2,339	52.4	1			0.0	
YES	MS AC 06	C	NO	346	12/09/2005			05/31/2010	PLAN C ATTAINED AGE	30,779	14,068	45.7	8			0.0	
YES	MS AD 06	D	NO	346	12/09/2005			05/31/2010	PLAN D ATTAINED AGE	3,726	7,314	196.3	1			0.0	
YES	MS AF 06	F	NO	346	12/09/2005			05/31/2010	PLAN F ATTAINED AGE	531,733	405,354	76.2	134			0.0	
YES	MS AG 06	G	NO	346	12/09/2005			05/31/2010	PLAN G ATTAINED AGE	297,424	169,813	57.1	81			0.0	
YES	MSAAF2010	F	NO	34	04/23/2010				PLAN F ATTAINED AGE (2010)	9,469	5,674	59.9	1			0.0	
YES	MSAAG2010	G	NO	34	04/23/2010				PLAN G ATTAINED AGE (2010)		(2)	0.0				0.0	
YES	MSAAN2010	N	NO	34	04/23/2010				PLAN N ATTAINED AGE (2010)	7,040	286	4.1	2			0.0	
0199999.	Total Policy Experience on Individual Policies									1,009,881	632,409	62.6	252	0	0	0.0	0

360.MI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	10,403	8,915	85.7	3			0.0	
YES	MS(B)-91	B	NO	346	01/14/1992			12/31/2005	PLAN B ISSUE AGE	7,803	401	5.1	2			0.0	
YES	MS(C)-91	C	NO	346	11/10/1993			12/31/2005	PLAN C ISSUE AGE	58,470	68,897	117.8	10			0.0	
YES	MS(F)-91	F	NO	346	06/01/1992			12/31/2005	PLAN F ISSUE AGE	34,904	40,786	116.9	6			0.0	
YES	MS IF 06 MO	F	NO	346	09/21/2005			05/31/2010	PLAN F ISSUE AGE	4,521	607	13.4	1			0.0	
YES	MSIAB2010	B	NO	346	08/10/2010				PLAN B ISSUE AGE (2010)	4,573	1,940	42.4	2			0.0	
YES	MSIAC2010	C	NO	346	08/10/2010				PLAN C ISSUE AGE (2010)	14,685	14,642	99.7	5	8,045	4,887	60.7	3
YES	MSIAD2010	D	NO	346	08/10/2010				PLAN D ISSUE AGE (2010)	52,592	44,581	84.8	23	51,970	45,547	87.6	23
YES	MSIAF2010	F	NO	346	08/10/2010				PLAN F ISSUE AGE (2010)	183,033	154,204	84.2	72	21,020	10,082	48.0	7
YES	MSIAG2010	G	NO	346	08/10/2010				PLAN G ISSUE AGE (2010)	105,948	74,754	70.6	49	3,774	(6,900)	(182.8)	3
YES	MSIAN2010	N	NO	346	08/10/2010				PLAN N ISSUE AGE (2010)	105,332	81,800	77.7	58	14,656	19,387	132.3	8
0199999.	Total Policy Experience on Individual Policies									582,264	491,527	84.4	231	99,465	73,003	73.4	44

360.MO

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	.01/22/1988		.12/26/1990	.07/01/1992	PRE-STANDARD	4,923	(2)	(0.0)	1			0.0	
YES	MS(C)-91MS	C	NO	346	.08/16/1996			.08/18/2000	PLAN C ISSUE AGE	8,758	2,502	28.6	2			0.0	
YES	MS(F)-91 MS	F	NO	346	.08/16/1996			.08/18/2000	PLAN F ISSUE AGE	38,044	25,847	67.9	7			0.0	
YES	MS(C)-00 MS	C	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN C ATTAINED AGE	2,967	6,953	234.3	1			0.0	
YES	MS(F)-00 MS	F	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN F ATTAINED AGE	4,285	(168)	(3.9)	1			0.0	
YES	MS AA 06 MS	A	NO	346	.09/12/2005			.05/31/2010	PLAN A ATTAINED AGE		(2)	0.0				0.0	
YES	MS AB 06 MS	B	NO	346	.09/12/2005			.05/31/2010	PLAN B ATTAINED AGE	4,178	3,000	71.8	1			0.0	
YES	MS AC 06 MS	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE	71,002	149,506	210.6	16			0.0	
YES	MS AD 06 MS	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	29,874	8,901	29.8	6			0.0	
YES	MS AF 06 MS	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	4,512,086	2,907,076	64.4	1,014			0.0	
YES	MS G 06 MS	G	NO	346	.12/14/2006			.05/31/2010	PLAN G ATTAINED AGE	99,598	78,151	78.5	24			0.0	
YES	MSAAC2010 MS	C	NO	346	.07/21/2010				PLAN C ATTAINED AGE (2010)	67,046	151,611	226.1	13			0.0	
YES	MSAAF2010 MS	F	NO	346	.07/21/2010				PLAN F ATTAINED AGE (2010)	17,097	29,795	174.3	4			0.0	
YES	MSAAG2010 MS	G	NO	346	.07/21/2010				PLAN G ATTAINED AGE (2010)			0.0		3,272	323	9.9	1
YES	MSAAN2010 MS	N	NO	346	.07/21/2010				PLAN N ATTAINED AGE (2010)	2,266	417	18.4	1			0.0	
0199999.	Total Policy Experience on Individual Policies									4,862,124	3,363,587	69.2	1,091	3,272	323	9.9	1

360.MS

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	02/22/1988		01/29/1991	07/01/1992	PRE-STANDARD		(17)	0.0				0.0	
YES	MS(B)-91	B	NO	346	06/26/1992			09/01/2004	PLAN B ISSUE AGE		477	0.0				0.0	
YES	MS AC 06 MT	C	NO	346	01/17/2006			05/31/2010	PLAN C ATTAINED AGE	13,561	7,039	51.9	4			0.0	
YES	MS AD 06 MT	D	NO	346	01/17/2006			05/31/2010	PLAN D ATTAINED AGE	14,297	6,805	47.6	3			0.0	
YES	MS AF 06 MT	F	NO	346	01/17/2006			05/31/2010	PLAN F ATTAINED AGE	1,171,981	672,720	57.4	333			0.0	
YES	MS AG 06 MT	G	NO	346	01/17/2006			05/31/2010	PLAN G ATTAINED AGE	90,677	84,983	93.7	33			0.0	
YES	MS AAC 2010 MT	C	NO	346	07/12/2010				PLAN C ATTAINED AGE (2010)	2,484		0.0	1		(937)	0.0	
YES	MS AAF 2010 MT	F	NO	34	07/12/2010				PLAN F ATTAINED AGE (2010)	9,223	1,948	21.1	3	2,254	(83)	(3.7)	1
YES	MS AAG 2010 MT	G	NO	34	07/12/2010				PLAN G ATTAINED AGE (2010)	2,219	1,706	76.9	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,304,442	775,661	59.5	378	2,254	(1,020)	(45.3)	1

360.MT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	10/24/1989			01/01/1992	PRE-STANDARD	3,607	(8,601)	(238.5)	1			0.0	
YES	MS(A)-91	A	NO	346	09/14/1992			02/16/2001	PLAN A ISSUE AGE	1,983	(293)	(14.8)				0.0	
YES	MS(C)-91	C	NO	346	07/22/1994			02/16/2001	PLAN C ISSUE AGE	23,951	26,266	109.7	4			0.0	
YES	MS(F)-91	F	NO	346	07/22/1994			02/16/2001	PLAN F ISSUE AGE	37,824	22,845	60.4	5			0.0	
YES	MS AC 06 NC	C	NO	346	01/23/2006			05/31/2010	PLAN C ATTAINED AGE	216,231	201,448	93.2	39			0.0	
YES	MS AD 06 NC	D	NO	346	01/23/2006			05/31/2010	PLAN D ATTAINED AGE	4,211	290	6.9	1			0.0	
YES	MS AF 06 NC	F	NO	346	01/23/2006			05/31/2010	PLAN F ATTAINED AGE	906,232	505,536	55.8	199			0.0	
YES	MS AG 08 NC	G	NO	346	08/22/2008			05/31/2010	PLAN G ATTAINED AGE	228,650	154,598	67.6	68			0.0	
YES	MS AAC 2010 NC	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)	16,811	42,875	255.0	3			0.0	
YES	MS AAF 2010 NC	F	NO	34	06/01/2010				PLAN F ATTAINED AGE (2010)		(281)	0.0				0.0	
YES	MS AAG 2010 NC	G	NO	34	06/01/2010				PLAN G ATTAINED AGE (2010)	3,395	(80)	(2.4)	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,442,895	944,603	65.5	321	0	0	0.0	0

360.NC

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.12/30/1989	.....	.01/15/1991	.01/01/1992	PRE-STANDARD.....	3,848	.....(152)	.....(4.0)	1	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN B ISSUE AGE.....	3,117	8,914	.....286.0	1	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN C ISSUE AGE.....	20,649	15,851	.....76.8	5	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.11/18/1992	.....	.....	.08/08/2000	PLAN F ISSUE AGE.....	30,426	6,474	.....21.3	7	.....	.....	.....0.0	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	....346.....	.08/08/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	3,120	1,741	.....55.8	1	.....	.....	.....0.0	.....
.....YES.....	MS AC 06 ND.....	C.....	.....NO.....	....346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	10,453	4,354	.....41.7	3	.....	.....	.....0.0	.....
.....YES	MS AF 06 ND.....	F.....	.....NO.....	....346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,146,105	863,075	.....75.3	349	.....	.....	.....0.0	.....
.....YES	MSG 06 ND.....	G.....	.....NO.....	....346.....	.01/05/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	2,236	4,482	.....200.4	1	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 ND.....	F.....	.....NO.....	....34.....	.05/12/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....(125)	.....0.0	.....	.....	.....(3)	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,219,954	904,614	.....74.2	368	0	.....(3)	.....0.0	0

360.ND

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	.05/01/1989		.02/28/1991	.05/01/1992	PRE-STANDARD	2,568	(146)	(5.7)	1			0.0	
YES	MS(B)-91	B	NO	346	.05/22/1995			.10/04/2000	PLAN B ISSUE AGE	3,859	(19)	(0.5)	1			0.0	
YES	MS(F)-91	F	NO	346	.05/22/1995			.10/04/2000	PLAN F ISSUE AGE	40,800	9,292	22.8	8			0.0	
YES	MS(F)-00	F	NO	346	.10/04/2000			.01/05/2006	PLAN F ATTAINED AGE	15,645	6,760	43.2	4			0.0	
YES	MS AC 06	C	NO	346	.01/05/2006			.05/31/2010	PLAN C ATTAINED AGE	3,743	140	3.7	1			0.0	
YES	MS AF 06	F	NO	346	.01/05/2006			.05/31/2010	PLAN F ATTAINED AGE	4,779,226	3,330,549	69.7	1,198			0.0	
YES	MS AG 06	G	NO	346	.01/05/2006			.05/31/2010	PLAN G ATTAINED AGE	74,964	93,594	124.9	23			0.0	
YES	MS AAF 2010 NE	F	NO	34	.06/28/2010				PLAN F ATTAINED AGE (2010)	4,830	7,318	151.5	2		(930)	0.0	
0199999.	Total Policy Experience on Individual Policies									4,925,635	3,447,488	70.0	1,238	0	(930)	0.0	0

360.NE

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MSE 06 NV	E	NO	346	02/16/2007			05/31/2010	PLAN E ATTAINED AGE	2,562	601	23.5	1			0.0	
YES	MSF 06 NV	F	NO	346	02/16/2007			05/31/2010	PLAN F ATTAINED AGE	359,854	240,556	66.8	90			0.0	
YES	MSG 06 NV	G	NO	346	02/16/2007			05/31/2010	PLAN G ATTAINED AGE	169,631	59,276	34.9	48			0.0	
YES	MSAAF2010 NV	F	NO	34	06/21/2010				PLAN F ATTAINED AGE (2010)	9,672	2,851	29.5	4	3,111	(286)	(9.2)	1
YES	MS AAG 2010 NV	G	NO	34	06/21/2010				PLAN G ATTAINED AGE (2010)	4,041	3,609	89.3	2	4,555	(458)	(10.1)	2
YES	MS AAN 2010 NV	N	NO	34	06/21/2010				PLAN N ATTAINED AGE (2010)	1,972	152	7.7				0.0	
0199999.	Total Policy Experience on Individual Policies									547,732	307,045	56.1	145	7,666	(744)	(9.7)	3

360.NV

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	.01/27/1988		01/.09/1991	.01/01/1992	PRE-STANDARD	9,584	7,165	74.8	2			0.0	
YES	MS(A)-91	A	NO	346	.01/01/1992			.07/14/2000	PLAN A ISSUE AGE	5,926	(740)	(12.5)	2			0.0	
YES	MS(B)-91	B	NO	346	.01/30/1992			.07/14/2000	PLAN B ISSUE AGE	14,277	5,783	40.5	4			0.0	
YES	MS(C)-91	C	NO	346	.06/24/1993			.07/14/2000	PLAN C ISSUE AGE	187,869	117,294	62.4	38			0.0	
YES	MS(F)-91	F	NO	346	.01/30/1992			.07/14/2000	PLAN F ISSUE AGE	39,632	28,431	71.7	8			0.0	
YES	MS(C)-00 OH	C	NO	346	.07/14/2000			.12/31/2005	PLAN C ATTAINED AGE	1,097	10,340	942.6				0.0	
YES	MS AC 06 OH	C	NO	346	.09/15/2005			.05/31/2010	PLAN C ATTAINED AGE	4,502	1,351	30.0	1			0.0	
YES	MS AF 06 OH	F	NO	346	.09/15/2005			.05/31/2010	PLAN F ATTAINED AGE	9,644	637	6.6	2			0.0	
YES	MSAAC2010 OH	C	NO	34	.06/29/2010				PLAN C ATTAINED AGE (2010)	6,760	6,597	97.6	3	2,886	3,484	120.7	2
YES	MSAAD2010 OH	D	NO	34	.06/29/2010				PLAN D ATTAINED AGE (2010)	2,109		0.0	1	8,961	3,796	42.4	4
YES	MSAAF2010 OH	F	NO	34	.06/29/2010				PLAN F ATTAINED AGE (2010)	5,765	7,864	136.4	2	67,586	25,043	37.1	32
YES	MSAAG2010 OH	G	NO	34	.06/29/2010				PLAN G ATTAINED AGE (2010)	6,442	5,711	88.7	5	70,148	33,332	47.5	50
YES	MSAAN2010 OH	N	NO	34	.06/29/2010				PLAN N ATTAINED AGE (2010)	17,303	16,792	97.0	12	11,220	6,377	56.8	9
0199999.	Total Policy Experience on Individual Policies									310,910	207,225	66.7	80	160,801	72,032	44.8	97

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.OK

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	03/22/1998		01/12/1991	07/01/1992	PRE-STANDARD	1,453	2,128	146.5	1			0.0	
YES	MS(A)-91	A	NO	346	01/01/1992			08/18/2000	PLAN A ISSUE AGE	3,919	(380)	(9.7)	2			0.0	
YES	MS(B)-91	B	NO	346	09/23/1993			08/18/2000	PLAN B ISSUE AGE	3,029	914	30.2	1			0.0	
YES	MS(C)-91	C	NO	346	09/23/1993			08/18/2000	PLAN C ISSUE AGE	110,679	56,253	50.8	29			0.0	
YES	MS(F)-91	F	NO	346	04/03/1992			08/18/2000	PLAN F ISSUE AGE	96,435	64,787	67.2	23			0.0	
YES	MS(A)-00	A	NO	346	08/18/2000			12/31/2005	PLAN A ATTAINED AGE	2,919	11,339	388.5	1			0.0	
YES	MS(B)-00	B	NO	346	08/18/2000			12/31/2005	PLAN B ATTAINED AGE	306	900	294.1				0.0	
YES	MS(C)-00	C	NO	346	08/18/2000			12/31/2005	PLAN C ATTAINED AGE	17,997	4,701	26.1	4			0.0	
YES	MS(F)-00	F	NO	346	08/18/2000			12/31/2005	PLAN F ATTAINED AGE	140,074	61,328	43.8	30			0.0	
YES	MS(G)-03	G	NO	346	11/04/2003			12/31/2005	PLAN G ATTAINED AGE	7,978	3,726	46.7	2			0.0	
YES	MS AA 06 OK	A	NO	346	09/23/2005			05/31/2010	PLAN A ATTAINED AGE		(48)	0.0				0.0	
YES	MS AC 06 OK	C	NO	346	09/23/2005			05/31/2010	PLAN C ATTAINED AGE	3,969	3,631	91.5	1			0.0	
YES	MS AF 06 OK	F	NO	346	09/23/2005			05/31/2010	PLAN F ATTAINED AGE	46,693	36,544	78.3	11			0.0	
0199999.	Total Policy Experience on Individual Policies									435,451	245,823	56.5	105	0	0	0.0	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-89.....	P.....	.....NO.....	....246.....	.03/20/1989	.....	.01/24/1991	.01/01/1992	PRE-STANDARD.....	.....	.....(372)	.....0.0	1	.....	.....	.....0.0	.....
.....YES.....	MSE 06.....	E.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	.....	.....(12)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MSF 06.....	F.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	958,391	657,846	.....68.6	243	.....	.....	.....0.0	.....
.....YES.....	MSG 06.....	G.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	28,652	22,674	.....79.1	8	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010.....	F.....	.....NO.....	....346.....	.04/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	9,798	1,407	.....14.4	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									996,841	681,543	.....68.4	255	0	0	.....0.0	0

360.OR

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(A)-91	A	NO	346	12/06/1993			10/11/2001	PLAN A ISSUE AGE	4,444	(412)	(9.3)	2			0.0	
YES	MS(B)-91	B	NO	346	12/06/1993			10/11/2001	PLAN B ISSUE AGE	29,241	14,515	49.6	10			0.0	
YES	MS(C)-91	C	NO	346	12/06/1993			10/11/2001	PLAN C ISSUE AGE	446,406	348,268	78.0	113			0.0	
YES	MS(D)-00	D	NO	346	10/11/2001			11/22/2006	PLAN D ATTAINED AGE		(185)	0.0				0.0	
YES	MS AB 06 PA	B	NO	346	11/22/2006			05/31/2010	PLAN B ATTAINED AGE	3,748	4,845	129.3	1			0.0	
YES	MS AAC 2010 PA	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)	4,125	948	23.0	2	4,669	2,026	43.4	2
YES	MS AAF 2010 PA	F	NO	346	06/01/2010				PLAN F ATTAINED AGE (2010)	8,557	4,074	47.6	4	1,754	255	14.5	1
YES	MS AAG 2010 PA	G	NO	346	06/01/2010				PLAN G ATTAINED AGE (2010)	1,600	245	15.3	1		(272)	0.0	
YES	MS AAN 2010 PA	N	NO	346	06/01/2010				PLAN N ATTAINED AGE (2010)	3,322	273	8.2	2	2,422	1,242	51.3	2
0199999.	Total Policy Experience on Individual Policies									501,443	372,571	74.3	135	8,845	3,251	36.8	5

360.PA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(C)-91	C	NO	346	.03/14/1995			.09/14/2000	PLAN C ISSUE AGE	7,184	8,912	124.1	2			0.0	
YES	MS(F)-91	F	NO	346	.03/14/1995			.09/14/2000	PLAN F ISSUE AGE	23,510	19,229	81.8	6			0.0	
YES	MS(C)-00	C	NO	346	.09/14/2000			.12/31/2005	PLAN C ATTAINED AGE		(2)	0.0				0.0	
YES	MS(F)-00	F	NO	346	.09/14/2000			.12/31/2005	PLAN F ATTAINED AGE	43,868	36,021	82.1	12			0.0	
YES	MS AB 06 SC	B	NO	346	.12/06/2005			.05/31/2010	PLAN B ATTAINED AGE	8,789	5,083	57.8	2			0.0	
YES	MS AC 06 SC	C	NO	346	.12/06/2005			.05/31/2010	PLAN C ATTAINED AGE	3,485	662	19.0	1			0.0	
YES	MS AF 06 SC	F	NO	346	.12/06/2005			.05/31/2010	PLAN F ATTAINED AGE	101,013	58,632	58.0	29			0.0	
YES	MS AG 06 SC	G	NO	346	.12/06/2005			.05/31/2010	PLAN G ATTAINED AGE	10,901	270	2.5	4			0.0	
0199999.	Total Policy Experience on Individual Policies									198,750	128,807	64.8	56	0	0	0.0	0

360.SC

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-88	P	NO	246	04/25/1988		02/01/1991	07/01/1992	PRE-STANDARD	3,724	926	24.9	1			0.0	
YES	MS(B)-91	B	NO	346	09/20/1993			06/27/2000	PLAN B ISSUE AGE		(1)	0.0				0.0	
YES	MS(F)-91	F	NO	346	09/20/1993			06/27/2000	PLAN F ISSUE AGE	18,619	10,296	55.3	3			0.0	
YES	MS(F)-00	F	NO	346	06/27/2000			12/31/2005	PLAN F ATTAINED AGE	77,807	37,755	48.5	17			0.0	
YES	MS AC 06 SD	C	NO	346	09/01/2005			05/31/2010	PLAN C ATTAINED AGE	811	(167)	(20.6)				0.0	
YES	MS AF 06 SD	F	NO	346	09/01/2005			05/31/2010	PLAN F ATTAINED AGE	429,321	285,056	66.4	101			0.0	
YES	MS AG 06 SD	G	NO	346	09/01/2005			05/31/2010	PLAN G ATTAINED AGE	6,084	411	6.8	1			0.0	
YES	MS AAF 2010 SD	F	NO	346	04/23/2010				PLAN F ATTAINED AGE (2010)		462	0.0			(12)	0.0	
0199999.	Total Policy Experience on Individual Policies									536,366	334,738	62.4	123	0	(12)	0.0	0

360.SD

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	MS(B)-91	B	NO	346	08/02/1994			08/11/2000	PLAN B ISSUE AGE	7,785	565	7.3	1			0.0	
YES	MS(C)-91	C	NO	346	08/02/1994			08/11/2000	PLAN C ISSUE AGE	43,785	16,061	36.7	8			0.0	
YES	MS(F)-91	F	NO	346	08/02/1994			08/11/2000	PLAN F ISSUE AGE	80,901	56,864	70.3	12			0.0	
YES	MS(F)-00 TN	F	NO	346	08/11/2000			12/31/2005	PLAN F ATTAINED AGE	4,884	98	2.0	1			0.0	
YES	MS AF 06 TN	F	NO	346	10/26/2005			05/31/2010	PLAN F ATTAINED AGE		(120)	0.0				0.0	
YES	MSAAF2010	F	NO	346	07/23/2010				PLAN F ATTAINED AGE (2010)	2,086	2,707	129.8	1			0.0	
0199999.	Total Policy Experience on Individual Policies									139,441	76,175	54.6	23	0	0	0.0	0

360.TN

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
N/A	MS-89-TX	P	NO	346	02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	52,459	13,589	25.9	9			0.0	
YES	MS(A)-91	A	NO	346	08/20/1992			11/14/2000	PLAN A ISSUE AGE	6,174	(1,629)	(26.4)	2			0.0	
YES	MS(B)-91	B	NO	346	08/20/1992			11/14/2000	PLAN B ISSUE AGE		(86)	0.0				0.0	
YES	MS(C)-91	C	NO	346	10/19/1993			11/14/2000	PLAN C ISSUE AGE	155,208	83,027	53.5	28			0.0	
YES	MS(F)-91	F	NO	346	08/20/1992			11/14/2000	PLAN F ISSUE AGE	390,769	197,702	50.6	69			0.0	
YES	MS(A)-00	A	NO	346	11/14/2000			03/03/2006	PLAN A ATTAINED AGE		(111)	0.0				0.0	
YES	MS(F)-00	F	NO	346	11/14/2000			03/03/2006	PLAN F ATTAINED AGE	5,487	149	2.7	1			0.0	
YES	MS AA 06 TX	A	NO	346	03/03/2006			05/31/2010	PLAN A ATTAINED AGE	156,625	254,803	162.7	25			0.0	
YES	MS AF 06 TX	F	NO	346	03/03/2006			05/31/2010	PLAN F ATTAINED AGE		(77)	0.0				0.0	
YES	MSAAA2010 TX	A	NO	346	09/09/2010				PLAN A ATTAINED AGE (2010)	16,145	23,719	146.9	3			0.0	
YES	MSAAF2010 TX	F	NO	346	09/09/2010				PLAN F ATTAINED AGE (2010)	6,910	22,710	328.7	2			0.0	
0199999.	Total Policy Experience on Individual Policies									789,777	593,796	75.2	139	0	0	0.0	0

360.TX

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.02/16/1988	.....	.02/04/1991	.07/01/1992	PRE-STANDARD.....	8,225	1,159	.....14.1	1	.....	.....	.....0.0	.....
.....YES.....	MSF 06 UT.....	F.....	.....NO.....	....346.....	.11/15/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	260,628	173,688	.....66.6	77	.....	.....	.....0.0	.....
.....YES.....	MSG 06 UT.....	G.....	.....NO.....	....346.....	.11/15/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	16,668	929	.....5.6	5	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 UT.....	F.....	.....NO.....	....34.....	.07/22/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	11,410	16,898	.....148.1	3	.....	.....(258)	.....0.0	.....
.....YES.....	MSAAG2010 UT.....	G.....	.....NO.....	....34.....	.07/22/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....(16)	.....0.0	.....	5,786	911	.....15.7	4
.....YES.....	MSAAN2010 UT.....	N.....	.....NO.....	....34.....	.07/22/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	4,066	4,696	.....115.5	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									300,997	197,354	.....65.6	88	5,786	653	.....11.3	4

360.UT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.06/17/1988	.....	.02/13/1991	.07/01/1992	PRE-STANDARD.....	.....	.....(88)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.04/15/1994	.....	.....	.01/11/2006	PLAN C ISSUE AGE.....	14,591	3,821	.....26.2	2	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.04/15/1994	.....	.....	.01/11/2006	PLAN F ISSUE AGE.....	.....	.....(83)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MS AE 06 VA.....	E.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	48,709	26,434	.....54.3	16	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 VA.....	F.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	2,768,633	1,712,635	.....61.9	747	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 VA.....	G.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	206,795	122,103	.....59.0	70	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,038,728	1,864,822	.....61.4	835	0	0	.....0.0	0

360.VA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Washington

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.03/04/1998	.....	.04/18/1991	.07/01/1992	PRE-STANDARD.....	.....(1,615)	.....(101)	.....6.3	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....(1,615)	.....(101)	.....6.3	0	0	0	.....0.0	0

360.WA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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.....	MS-AT (BP) WI-04....	O.....	.....NO.....	.....	.04/14/2004	.....	.....	.05/31/2010	MED SUPP WI CORE & RIDERS.....	2,956,373	1,989,983	.....67.3	698	.....	.....	.....0.0	.....
.....YES.....	MS-AT (BP) WI-10 ...	O.....	.....NO.....	.....	.06/28/2010	.....	.....	.....	MED SUPP WI CORE & RIDERS (2010)	2,667	702	.....26.3	1	7,070	3,582	.....50.7	2
0199999.	Total Policy Experience on Individual Policies.....									2,959,040	1,990,685	.....67.3	699	7,070	3,582	.....50.7	2

360.WI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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.....	MS AE 06 WV.....	E.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	29,167	21,550	.....73.9	9	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 WV.....	F.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,316,089	834,459	.....63.4	362	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 WV.....	G.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	170,433	155,652	.....91.3	59	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010 WV.....	F.....	.....NO.....	....34.....	.06/03/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	6,559	5,669	.....86.4	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,522,248	1,017,330	.....66.8	432	0	0	.....0.0	0

360.WV

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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.....	MS AC 06 WY.....	C.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....	.....(25)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 WY.....	F.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,048,087	634,495	.....60.5	318	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 WY.....	G.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	41,473	13,352	.....32.2	14	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010 WY.....	F.....	.....NO.....	....34.....	.06/09/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	16,042	8,996	.....56.1	6	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,105,602	656,818	.....59.4	338	0	0	.....0.0	0

360.WY

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

2016 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK