



ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

CENTRAL RESERVE LIFE INSURANCE COMPANY

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

Organized under the Laws of OH

Incorporated/Organized..... July 2, 1963

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 61727

State of Domicile or Port of Entry OH

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

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

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

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

www.CignaSupplementalBenefits.com

Renee Wilkins Feldman
(Name)

CSBFinRpt@cigna.com
(E-Mail Address)

Employer's ID Number..... 34-0970995

Country of Domicile US

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

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

(512) 531-1465
(Area Code) (Telephone Number) (Extension)

512-467-1399
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Brian Case Evanko	President	2. Byron Keith Buescher	Treasurer and Chief Accounting Officer
3. Anna Krishtul #	Secretary	4. Susan Eadaoine Buck #	Appointed Actuary

OTHER

Jessica Kierulf Tutwiler	Executive Vice President and Chief Financial Officer	David Lawrence Chambers	Vice President-Sales and Marketing
Mark Fleming	Vice President and Assistant Treasurer	Joanne Ruth Hart	Vice President and Assistant Treasurer
Stephen Burnett Jones #	Vice President	Scott Ronald Lambert	Vice President and Assistant Treasurer
Eric Paul Palmer	Vice President	Maureen Hardiman Ryan	Vice President and Assistant Treasurer
Man-Kit Simon Tang	Vice President and Chief Actuary		

DIRECTORS OR TRUSTEES

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

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

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

(Signature)	(Signature)	(Signature)
Brian Case Evanko	Byron Keith Buescher	Anna Krishtul
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer and Chief Accounting Officer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2017	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	710		-		710
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	710	0	0	0	710
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	80,000	(a).....						2	80,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	2	80,000	(a).....	0	0	0	0	0	2	80,000

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	18,542		-		18,542
2. Annuity considerations.....	2,400				2,400
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,942	0	0	0	20,942
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	360		-		360
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	360	0	0	0	360

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	34	1,899,795		(a).....					34	1,899,795
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(51,093)							(1)	(51,093)
23. In force December 31 of current year.....	33	1,848,703	0	(a).....0	0	0	0	0	33	1,848,703

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	9,131	9,134		5,159	5,038
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	25,283	25,319		13,598	12,591
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	25,283	25,319	0	13,598	12,591
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	34,414	34,453	0	18,757	17,629

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,034		-		8,034
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,034	0	0	0	8,034
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,009		-		5,009
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	2,364		-		2,364
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,374	0	0	0	7,374

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	9	97,250	(a)						9	97,250
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year.....	8	92,250	0	0	0	0	0	0	8	92,250

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	31,138	31,759		39,438	38,250
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	31,138	31,759	0	39,438	38,250
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	31,138	31,759	0	39,438	38,250

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



DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,128		-		7,128
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,128	0	0	0	7,128
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	344		-		344
12. Surrender values and withdrawals for life contracts.....	4,572		-		4,572
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	4,916	0	0	0	4,916

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	13	1,123,495		(a).....					13	1,123,495
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(272,538)							(2)	(272,538)
23. In force December 31 of current year.....	11	850,957	0	(a).....0	0	0	0	0	11	850,957

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	193	155		-	(2,855)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,263	1,263		2,446	2,429
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	20,076	20,073		10,813	10,389
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	20,076	20,073	0	10,813	10,389
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	21,532	21,491	0	13,259	9,963

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12		-		12
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12	0	0	0	12
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	414		-		414
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	414	0	0	0	414

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	644	(a).....						1	644
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	(42)							0	(42)
23. In force December 31 of current year.....	1	602	(a).....	0	0	0	0	0	1	602

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	934	934		1,424	1,412
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	1,698	1,698		9,268	9,268
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,698	1,698	0	9,268	9,268
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,632	2,632	0	10,692	10,680

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



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,185		-		3,185
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,185	0	0	0	3,185
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,232		-		2,232
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	1,812		-		1,812
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	4,044	0	0	0	4,044

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,000							1	2,000
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....	1	2,000							1	2,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	2,000	0	0	0	0	0	0	1	2,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	2,000	0	0	0	0	0	0	1	2,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	9	269,000		(a).....					9	269,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(2,000)							(1)	(2,000)
23. In force December 31 of current year.....	8	267,000	0	(a).....0	0	0	0	0	8	267,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	5,713	5,752		423	335
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,713	5,752	0	423	335
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,713	5,752	0	423	335

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	710		-		710
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	710	0	0	0	710
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	413		-		413
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	413	0	0	0	413
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	313	313		-	185
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	313	313	0	0	185
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	313	313	0	0	185

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,005		-		7,005
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,005	0	0	0	7,005
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	13				13
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	153				153
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	166	0	0	0	166
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	166	0	0	0	166
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	8,884		-		8,884
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	6,667		-		6,667
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	15,551	0	0	0	15,551

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	8,655							1	8,655
Settled during current year:										
18.1 By payment in full.....	1	8,655							1	8,655
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	8,655	0	0	0	0	0	0	1	8,655
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	8,655	0	0	0	0	0	0	1	8,655
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	28	930,436		(a).....					28	930,436
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(71,589)							(2)	(71,589)
23. In force December 31 of current year.....	26	858,847	0	(a).....0	0	0	0	0	26	858,847

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,122	1,124		613	608
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	16,095	16,700		27,833	27,507
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,095	16,700	0	27,833	27,507
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	17,217	17,824	0	28,446	28,115

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	539		61		600
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	539	0	61	0	600
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,016		-		7,016
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,016	0	0	0	7,016

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	7,000							1	7,000
Settled during current year:										
18.1 By payment in full.....	1	7,000							1	7,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	7,000	0	0	0	0	0	0	1	7,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	7,000	0	0	0	0	0	0	1	7,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	114,740		(a).....					4	114,740
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(22,000)							(2)	(22,000)
23. In force December 31 of current year.....	2	92,740	0	(a).....0	0	0	0	0	2	92,740

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	6,417	6,417		3,049	3,099
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	9,163	9,171		5,401	5,124
25.3 Non-renewable for stated reasons only (b).....	4,533	4,793		533	3,676
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,696	13,964	0	5,934	8,800
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,113	20,381	0	8,983	11,899

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	579,900		.61		579,961
2. Annuity considerations.....	112,818				112,818
3. Deposit-type contract funds.....		.XXX		.XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	692,718	0	.61	0	692,779
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	620				620
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,117				1,117
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,737	0	0	0	1,737
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,737	0	0	0	1,737
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	243,829				243,829
10. Matured endowments.....	2,230				2,230
11. Annuity benefits.....	147,608				147,608
12. Surrender values and withdrawals for life contracts.....	376,624				376,624
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	770,291	0	0	0	770,291

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	12	72,060							12	72,060
17. Incurred during current year.....	33	319,381							33	319,381
Settled during current year:										
18.1 By payment in full.....	33	243,084							33	243,084
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	33	243,084	0	0	0	0	0	0	33	243,084
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....		1,750							0	1,750
18.6 Total settlements.....	33	244,834	0	0	0	0	0	0	33	244,834
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	12	146,607	0	0	0	0	0	0	12	146,607
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,300	39,627,671		(a).....					1,300	39,627,671
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(106)	(3,251,406)							(106)	(3,251,406)
23. In force December 31 of current year.....	1,194	36,376,265	0	(a).....0	0	0	0	0	1,194	36,376,265

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	53,572	54,853		48,746	44,362
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	54,482	55,139		37,843	36,842
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,476,419	5,590,893		3,631,251	3,525,597
25.3 Non-renewable for stated reasons only (b).....	27,199	27,604		3,198	22,054
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,503,618	5,618,497	0	3,634,449	3,547,651
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,611,672	5,728,489	0	3,721,038	3,628,855

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



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	43,407	(a).....						6	43,407
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	6	43,407	(a).....	0	0	0	0	0	6	43,407

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	90,283	91,583		76,641	74,258
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	90,283	91,583	0	76,641	74,258
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	90,283	91,583	0	76,641	74,258

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	265				265
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	265	0	0	0	265
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	28,224				28,224
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	28,224	0	0	0	28,224
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,007		-		3,007
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	1,431		-		1,431
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	4,437	0	0	0	4,437

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	3,000							1	3,000
Settled during current year:										
18.1 By payment in full.....	1	3,000							1	3,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	3,000	0	0	0	0	0	0	1	3,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	3,000	0	0	0	0	0	0	1	3,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	41	512,936		(a).....					41	512,936
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(85,936)							(2)	(85,936)
23. In force December 31 of current year.....	39	427,000	0	(a).....0	0	0	0	0	39	427,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	15,537	15,537		6,812	6,761
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,698	1,698		1,000	977
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	361,809	383,677		274,760	264,637
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	361,809	383,677	0	274,760	264,637
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	379,044	400,912	0	282,572	272,375

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	43,817				43,817
2. Annuity considerations.....	2,700				2,700
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	46,517	0	0	0	46,517
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	29,543		-		29,543
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	1,410		-		1,410
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	30,953	0	0	0	30,953

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	29,472							1	29,472
Settled during current year:										
18.1 By payment in full.....	1	29,472							1	29,472
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	29,472	0	0	0	0	0	0	1	29,472
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	29,472	0	0	0	0	0	0	1	29,472
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	115	6,147,719		(a).....					115	6,147,719
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(311,934)							(6)	(311,934)
23. In force December 31 of current year.....	109	5,835,785	0	(a).....0	0	0	0	0	109	5,835,785

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	76	79		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	4,599	4,605		5,466	5,405
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	223,082	227,803		128,426	126,870
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	223,082	227,803	0	128,426	126,870
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	227,757	232,487	0	133,892	132,275

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	36,420				36,420
2. Annuity considerations.....	1,200				1,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	37,620	0	0	0	37,620
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	18,210		-		18,210
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	18,210	0	0	0	18,210

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	70	1,726,905		(a).....					70	1,726,905
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(112,696)							(4)	(112,696)
23. In force December 31 of current year.....	66	1,614,209	0	(a).....0	0	0	0	0	66	1,614,209

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	305	304		-	10
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,591	3,640		2,403	2,312
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	275,805	281,185		196,290	193,189
25.3 Non-renewable for stated reasons only (b).....	22,666	22,811		2,665	18,378
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	298,471	303,996	0	198,955	211,567
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	302,367	307,940	0	201,358	213,889

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,084				2,084
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,084	0	0	0	2,084
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,221		-		3,221
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,221	0	0	0	3,221

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	60	61		1,200	86
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	49,788	49,816		30,248	29,593
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	49,788	49,816	0	30,248	29,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	49,848	49,877	0	31,448	29,679

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	301				301
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	301	0	0	0	301
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	100,566		(a).....					2	100,566
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	2	100,566	0	(a).....0	0	0	0	0	2	100,566

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	13,507	13,507		23,267	22,795
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,507	13,507	0	23,267	22,795
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,507	13,507	0	23,267	22,795

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	826				826
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	826	0	0	0	826
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	141,862		(a).....					1	141,862
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	1	141,862	0	(a).....0	0	0	0	0	1	141,862

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	5,162	5,178		5,313	5,312
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,162	5,178	0	5,313	5,312
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,162	5,178	0	5,313	5,312

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,555				10,555
2. Annuity considerations.....	2,388				2,388
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,944	0	0	0	12,944
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	76,104		-		76,104
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	76,104	0	0	0	76,104

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	27	1,804,586		(a).....					27	1,804,586
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(62,550)							(2)	(62,550)
23. In force December 31 of current year.....	25	1,742,036	0	(a).....0	0	0	0	0	25	1,742,036

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,351	1,779		403	(21,591)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	4,763	4,764		1,158	1,090
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,763	4,764	0	1,158	1,090
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,114	6,543	0	1,561	(20,501)

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	2,361	5,035	.....	.....3,374	3,037
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,361	5,035	0	3,374	3,037
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,361	5,035	0	3,374	3,037

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	30,850				30,850
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	30,850	0	0	0	30,850
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	30,108		-		30,108
10. Matured endowments.....	2,230		-		2,230
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	5,174		-		5,174
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	37,512	0	0	0	37,512

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	32,230							5	32,230
Settled during current year:										
18.1 By payment in full.....	5	32,230							5	32,230
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	32,230	0	0	0	0	0	0	5	32,230
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	32,230	0	0	0	0	0	0	5	32,230
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	66	1,549,572		(a).....					66	1,549,572
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(157,306)							(9)	(157,306)
23. In force December 31 of current year.....	57	1,392,266	0	(a).....0	0	0	0	0	57	1,392,266

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	166	166		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	833	833		512	501
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	110,412	110,400		70,963	69,903
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	110,412	110,400	0	70,963	69,903
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	111,411	111,399	0	71,475	70,404

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	815	.....	.....	.....	.....815
2. Annuity considerations.....	- .....	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	.....XXX.....	.....	.....XXX.....	0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	815	0	0	0	815
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	- .....	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	- .....	.....	- .....	.....	.....0
10. Matured endowments.....	- .....	.....	- .....	.....	.....0
11. Annuity benefits.....	- .....	.....	- .....	.....	.....0
12. Surrender values and withdrawals for life contracts.....	- .....	.....	- .....	.....	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	.....	.....	.....	.....	.....0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	14,698	14,704	.....	.....27,106	26,687
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	14,698	14,704	0	27,106	26,687
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,698	14,704	0	27,106	26,687

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	172,190	173,965	.....	110,592	107,778
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	172,190	173,965	0	110,592	107,778
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	172,190	173,965	0	110,592	107,778

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	101,657				101,657
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	101,657	0	0	0	101,657
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	63,725		-		63,725
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	1,365		-		1,365
12. Surrender values and withdrawals for life contracts.....	5,099		-		5,099
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	70,190	0	0	0	70,190

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	6,750							1	6,750
17. Incurred during current year.....	6	68,129							6	68,129
Settled during current year:										
18.1 By payment in full.....	6	63,129							6	63,129
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	63,129	0	0	0	0	0	0	6	63,129
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....		1,750							0	1,750
18.6 Total settlements.....	6	64,879	0	0	0	0	0	0	6	64,879
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	164	3,250,137		(a).....					164	3,250,137
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(144,925)							(11)	(144,925)
23. In force December 31 of current year.....	153	3,105,212	0	(a).....0	0	0	0	0	153	3,105,212

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,628	4,660		2,628	391
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	592,882	602,346		359,170	344,601
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	592,882	602,346	0	359,170	344,601
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	597,510	607,006	0	361,798	344,992

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	726				726
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	726	0	0	0	726
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	17,455	(a).....						3	17,455
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	3	17,455	(a).....	0	0	0	0	0	3	17,455

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	77,779	78,209		37,265	35,721
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	77,779	78,209	0	37,265	35,721
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	77,779	78,209	0	37,265	35,721

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	67	67	.....	- .....	.....(100)
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	435,357	445,690	.....	.....279,930	272,599
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	435,357	445,690	0	279,930	272,599
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	435,424	445,757	0	279,930	272,499

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	64				64
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	64	0	0	0	64
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	1,982		-		1,982
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,982	0	0	0	1,982

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	2,972	2,998		1,984	1,227
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,972	2,998	0	1,984	1,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,972	2,998	0	1,984	1,227

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	- .....	- .....	.....	- .....	.....(27)
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	(27)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	(27)

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,113				1,113
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,113	0	0	0	1,113
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	123,938	(a).....						2	123,938
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	2	123,938	(a).....	0	0	0	0	0	2	123,938

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,349	1,482		518	513
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	5,071	5,087		306	(49)
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,071	5,087	0	306	(49)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,420	6,569	0	824	464

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



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	101,442				101,442
2. Annuity considerations.....	90,330				90,330
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	191,772	0	0	0	191,772
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	607				607
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	964				964
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,571	0	0	0	1,571
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,571	0	0	0	1,571
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	63,944		-		63,944
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	64,523		-		64,523
12. Surrender values and withdrawals for life contracts.....	210,639		-		210,639
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	339,106	0	0	0	339,106

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	38,508							6	38,508
17. Incurred during current year.....	9	110,606							9	110,606
Settled during current year:										
18.1 By payment in full.....	11	62,347							11	62,347
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	62,347	0	0	0	0	0	0	11	62,347
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	62,347	0	0	0	0	0	0	11	62,347
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	86,767	0	0	0	0	0	0	4	86,767
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	343	9,842,452		(a).....					343	9,842,452
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(36)	(1,042,077)							(36)	(1,042,077)
23. In force December 31 of current year.....	307	8,800,375	0	(a).....0	0	0	0	0	307	8,800,375

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	10,840	11,189		9,092	(14,838)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	28,972	29,569		18,262	17,721
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	172,848	173,812		123,436	120,581
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	172,848	173,812	0	123,436	120,581
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	212,660	214,570	0	150,790	123,464

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,803				5,803
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,803	0	0	0	5,803
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	252,000	(a).....						12	252,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	12	252,000	(a).....0	0	0	0	0	0	12	252,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	75	77		891	812
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	43,059	43,030		49,253	47,286
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	43,059	43,030	0	49,253	47,286
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	43,134	43,107	0	50,144	48,098

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	16,521	16,480	.....	.....8,068	7,122
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,521	16,480	0	8,068	7,122
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,521	16,480	0	8,068	7,122

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,564				6,564
2. Annuity considerations.....	13,200				13,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,764	0	0	0	19,764
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	81,014		-		81,014
12. Surrender values and withdrawals for life contracts.....	17,638		-		17,638
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	98,653	0	0	0	98,653

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	802							1	802
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	802	0	0	0	0	0	0	1	802
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	22	1,110,186		(a).....					22	1,110,186
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(42,756)							(1)	(42,756)
23. In force December 31 of current year.....	21	1,067,430	0	(a).....0	0	0	0	0	21	1,067,430

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	466	410		-	(13,308)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	261,898	266,568		145,891	140,241
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	261,898	266,568	0	145,891	140,241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	262,364	266,978	0	145,891	126,933

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	15,418				15,418
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,418	0	0	0	15,418
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	3,488		-		3,488
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,488	0	0	0	3,488

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	42	1,904,193		(a).....					42	1,904,193
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(204,615)							(7)	(204,615)
23. In force December 31 of current year.....	35	1,699,578	0	(a).....0	0	0	0	0	35	1,699,578

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	380	380		-	(5)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	240,196	240,580		123,328	120,684
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	240,196	240,580	0	123,328	120,684
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	240,576	240,960	0	123,328	120,679

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	632	.....	.....	.....	.....632
2. Annuity considerations.....	- .....	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	.....XXX.....	.....	.....XXX.....	0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	632	0	0	0	632
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	- .....	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	- .....	.....	- .....	.....	.....0
10. Matured endowments.....	- .....	.....	- .....	.....	.....0
11. Annuity benefits.....	- .....	.....	- .....	.....	.....0
12. Surrender values and withdrawals for life contracts.....	- .....	.....	- .....	.....	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	.....	.....	.....	.....	.....0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,567	3,567	.....	.....1,669	1,657
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	13,488	13,669	.....	.....22,088	21,523
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,488	13,669	0	22,088	21,523
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	17,055	17,236	0	23,757	23,180

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	16,855				16,855
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,855	0	0	0	16,855
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	615		-		615
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	615	0	0	0	615

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	14,000							2	14,000
17. Incurred during current year.....	2	27,538							2	27,538
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	41,538	0	0	0	0	0	0	4	41,538
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	41	1,460,517		(a).....					41	1,460,517
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(140,626)							(3)	(140,626)
23. In force December 31 of current year.....	38	1,319,891	0	(a).....0	0	0	0	0	38	1,319,891

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,097	1,545		18,417	87,269
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	134,939	135,350		99,178	95,649
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	134,939	135,350	0	99,178	95,649
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	136,036	136,895	0	117,595	182,918

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	33,056				33,056
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	33,056	0	0	0	33,056
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	16,575		-		16,575
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	1,445		-		1,445
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	18,020	0	0	0	18,020

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	2	6,500							2	6,500
Settled during current year:										
18.1 By payment in full.....	3	16,500							3	16,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	16,500	0	0	0	0	0	0	3	16,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	16,500	0	0	0	0	0	0	3	16,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	58	717,698		(a).....					58	717,698
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(19,871)							(4)	(19,871)
23. In force December 31 of current year.....	54	697,827	0	(a).....0	0	0	0	0	54	697,827

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	6,167	6,091		4,345	706
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	2,324	2,324		145	114
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	524,255	534,520		286,617	271,792
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	524,255	534,520	0	286,617	271,792
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	532,746	542,935	0	291,107	272,612

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,739				2,739
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,739	0	0	0	2,739
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	-		-		0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	106,524	(a).....						3	106,524
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	3	106,524	(a).....	0	0	0	0	0	3	106,524

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	78,069				78,069
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	78,069	0	0	0	78,069
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	13,785		-		13,785
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	5,168		-		5,168
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	18,953	0	0	0	18,953

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	21,251							4	21,251
Settled during current year:										
18.1 By payment in full.....	2	13,751							2	13,751
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	13,751	0	0	0	0	0	0	2	13,751
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	13,751	0	0	0	0	0	0	2	13,751
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	7,500	0	0	0	0	0	0	2	7,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	142	2,978,025		(a).....					142	2,978,025
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(459,103)							(9)	(459,103)
23. In force December 31 of current year.....	133	2,518,922	0	(a).....0	0	0	0	0	133	2,518,922

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	164	220		-	(4,046)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	1,434,020	1,471,371		933,288	914,417
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,434,020	1,471,371	0	933,288	914,417
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,434,184	1,471,591	0	933,288	910,371

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



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

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	8,639.....	8,704.....	.....	7,952.....	8,173.....
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,639.....	8,704.....	0	7,952.....	8,173.....
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,639.....	8,704.....	0	7,952.....	8,173.....

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	1,846	.....	(a).....	.....	.....	.....	.....	.....2	1,846
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
22. Other changes to in force (Net).....	- .....	- .....	.....	.....	.....	.....	.....	.....	.....0	0
23. In force December 31 of current year.....	2	1,846	0	(a).....0	0	0	0	0	2	1,846

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	421	421	.....	.....135	129
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	12,831	13,159	.....	.....36,797	35,152
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,831	13,159	0	36,797	35,152
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,252	13,580	0	36,932	35,281

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,691		-		11,691
2. Annuity considerations.....	600		-		600
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,291	0	0	0	12,291
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	-	-	-	-	0
7.2 Applied to provide paid-up annuities.....		-			0
7.3 Other.....	-	-		-	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	-		-		0
12. Surrender values and withdrawals for life contracts.....	9,169		-		9,169
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	9,169	0	0	0	9,169

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	25	1,020,787		(a).....					25	1,020,787
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(40,249)							(2)	(40,249)
23. In force December 31 of current year.....	23	980,538	0	(a).....0	0	0	0	0	23	980,538

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	261	261		-	(3)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	-	-		-	-
25.2 Guaranteed renewable (b).....	13,109	13,574		21,091	20,746
25.3 Non-renewable for stated reasons only (b).....	-	-		-	-
25.4 Other accident only.....					
25.5 All other (b).....	-	-		-	-
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,109	13,574	0	21,091	20,746
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,370	13,835	0	21,091	20,743

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	- .....	- .....	.....	- .....	- .....
25.2 Guaranteed renewable (b).....	53,216	53,344	.....	.....40,697	39,360
25.3 Non-renewable for stated reasons only (b).....	- .....	- .....	.....	- .....	- .....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	- .....	- .....	.....	- .....	- .....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	53,216	53,344	0	40,697	39,360
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	53,216	53,344	0	40,697	39,360

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

CENTRAL RESERVE LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	31,055
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	31,055
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	5,469
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	25,586

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.....	5,469			5,469
2. 2017.....	6,756			6,756
3. 2018.....	6,381			6,381
4. 2019.....	5,508			5,508
5. 2020.....	4,493			4,493
6. 2021.....	3,218			3,218
7. 2022.....	1,633			1,633
8. 2023.....	275			275
9. 2024.....	(304)			(304)
10. 2025.....	(404)			(404)
11. 2026.....	(376)			(376)
12. 2027.....	(257)			(257)
13. 2028.....	(212)			(212)
14. 2029.....	(228)			(228)
15. 2030.....	(244)			(244)
16. 2031.....	(228)			(228)
17. 2032.....	(181)			(181)
18. 2033.....	(134)			(134)
19. 2034.....	(82)			(82)
20. 2035.....	(28)			(28)
21. 2036.....				0
22. 2037.....				0
23. 2038.....				0
24. 2039.....				0
25. 2040.....				0
26. 2041.....				0
27. 2042.....				0
28. 2043.....				0
29. 2044.....				0
30. 2045.....				0
31. 2046 and Later.....				0
32. Total (Lines 1 to 31).....	31,055	0	0	31,055

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	8,975		8,975			.0	8,975
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.....	5,050		5,050			.0	5,050
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	14,025	0	14,025	0	0	.0	14,025
9. Maximum reserve.....	30,003		30,003			.0	30,003
10. Reserve objective.....	21,352		21,352			.0	21,352
11. 20% of (Line 10 minus Line 8).....	1,465	0	1,465	0	0	.0	1,465
12. Balance before transfers (Lines 8 + 11).....	15,491	0	15,491	0	0	.0	15,491
13. Transfers.....			0			.0	0
14. Voluntary contribution.....			0			.0	0
15. Adjustment down to maximum/up to zero.....			0			.0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	15,491	0	15,491	0	0	.0	15,491

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	4,344,460	XXX	XXX	4,344,460	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	4,498,210	XXX	XXX	4,498,210	0.0004	1,799	0.0023	10,346	0.0030	13,495
3	2	High quality.....	1,499,507	XXX	XXX	1,499,507	0.0019	2,849	0.0058	8,697	0.0090	13,496
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).....	10,342,177	XXX	XXX	10,342,177	XXX	4,648	XXX	19,043	XXX	26,990
		PREFERRED STOCKS										
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	1,003,954	XXX	XXX	1,003,954	0.0004	402	0.0023	2,309	0.0030	3,012
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).....	1,003,954	XXX	XXX	1,003,954	XXX	402	XXX	2,309	XXX	3,012
		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).....	11,346,131	XXX	XXX	11,346,131	XXX	5,050	XXX	21,352	XXX	30,002

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
36		Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
37		Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
38		Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
39		Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
40		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other.....			XXX.....	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
44		Commercial mortgages-all other - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
45		Commercial mortgages-all other - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
46		Commercial mortgages-all other - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
47		Commercial mortgages-all other - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, not in process:										
48		Farm mortgages.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
49		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
50		Residential mortgages-all other.....			XXX.....	0	0.0025	0	0.0058	0	0.0090	0
51		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
52		Commercial mortgages-all other.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
53		Farm mortgages.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
54		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
55		Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0130	0	0.0130	0
56		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
57		Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
58		Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
59		Schedule DA mortgages.....			XXX.....	0	0.0030	0	0.0100	0	0.0130	0
60		Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

NONE

ASSET VALUATION RESERVE
Basic Contribution, Reserve Objective and Maximum Reserve Calculations
Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(a).....	0	(a).....	0
2		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....	18,066,957	XXX	XXX	18,066,957	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
6		Fixed income highest quality.....				0	XXX		XXX		XXX	
7		Fixed income high quality.....				0	XXX		XXX		XXX	
8		Fixed income medium quality.....				0	XXX		XXX		XXX	
9		Fixed income low quality.....				0	XXX		XXX		XXX	
10		Fixed income lower quality.....				0	XXX		XXX		XXX	
11		Fixed income in or near default.....				0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
14		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	18,066,957	0	0	18,066,957	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
18		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	3,943,420	XXX	36,555	XXX		XXX	28,298	XXX		XXX	3,878,567	XXX		XXX		XXX		XXX
2.	Premiums earned.....	4,009,900	XXX	36,670	XXX		XXX	28,429	XXX		XXX	3,944,801	XXX		XXX		XXX		XXX
3.	Incurred claims.....	2,566,580	64.0	19,681	53.7	0	0.0	18,571	65.3	0	0.0	2,528,328	64.1	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	5,613	0.1		0.0		0.0		0.0		0.0	5,613	0.1		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	2,572,193	64.1	19,681	53.7	0	0.0	18,571	65.3	0	0.0	2,533,941	64.2	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	(579,826)	(14.5)	(568,708)	(1,550.9)	0	0.0	0	0.0	0	0.0	(11,118)	(0.3)	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	(95,205)	(2.4)	(227)	(0.6)		0.0	(4,718)	(16.6)		0.0	(90,260)	(2.3)		0.0		0.0		0.0
8.	Other general insurance expenses.....	375,185	9.4	3,237	8.8		0.0	2,736	9.6		0.0	369,212	9.4		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	187,587	4.7	683	1.9		0.0	550	1.9		0.0	186,354	4.7		0.0		0.0		0.0
10.	Total other expenses incurred.....	467,567	11.7	3,693	10.1	0	0.0	(1,432)	(5.0)	0	0.0	465,306	11.8	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	505	0.0	14	0.0	0	0.0	20	0.1	0	0.0	471	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	1,549,461	38.6	581,990	1,587.1	0	0.0	11,270	39.6	0	0.0	956,201	24.2	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	1,549,461	38.6	581,990	1,587.1	0	0.0	11,270	39.6	0	0.0	956,201	24.2	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Increase in Loading	5	0.0	10	0.0		0.0	16	0.1		0.0	(21)	(0.0)		0.0		0.0		0.0
1102.	Penalties.....	500	0.0	4	0.0		0.0	4	0.0		0.0	492	0.0		0.0		0.0		0.0
1103.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).....	505	0.0	14	0.0	0	0.0	20	0.1	0	0.0	471	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	284,411	334		2,378		281,699			
2. Advance premiums.....	11,272	400		878		9,994			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	295,683	734	0	3,256	0	291,693	0	0	0
5. Total premium reserves, prior year.....	380,598	983		3,532		376,083			
6. Increase in total premium reserves.....	(84,915)	(249)	0	(276)	0	(84,390)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	223,656	81,979				141,677			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	223,656	81,979	0	0	0	141,677	0	0	0
4. Total contract reserves, prior year.....	803,482	650,687				152,795			
5. Increase in contract reserves.....	(579,826)	(568,708)	0	0	0	(11,118)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	291,700	10,243	0	2,050	0	279,407	0	0	0
2. Total prior year.....	354,532	8,916		2,437		343,179			
3. Increase.....	(62,832)	1,327	0	(387)	0	(63,772)	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	289,259	1,891		1,242		286,126			
1.2 On claims incurred during current year.....	2,340,153	16,463		17,716		2,305,974			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	2,288	1				2,287			
2.2 On claims incurred during current year.....	289,412	10,242		2,050		277,120			
3. Test:									
3.1 Lines 1.1 and 2.1.....	291,547	1,892	0	1,242	0	288,413	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	354,532	8,916		2,437		343,179			
3.3 Line 3.1 minus Line 3.2.....	(62,985)	(7,024)	0	(1,195)	0	(54,766)	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	1,694,637	18,258		26,579		1,622,238	27,562		
2. Premiums earned.....	1,721,466	18,601		26,710		1,648,551	27,604		
3. Incurred claims.....	1,078,134	27,407		18,396		1,010,277	22,054		
4. Commissions.....	198,453	3,380		4,718		190,355			

(a) Includes \$.....0 premium deficiency reserve.

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	22,054	61,689	3,560,978	3,644,721
2. Beginning claim reserves and liabilities.....		7,800	582,362	590,162
3. Ending claim reserves and liabilities.....	18,856	7,000	487,989	513,845
4. Claims paid.....	3,198	62,489	3,655,351	3,721,038
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.....	22,054	29,961	1,026,125	1,078,140
10. Beginning claim reserves and liabilities.....		3,901	490,987	494,888
11. Ending claim reserves and liabilities.....	18,856	3,413	422,587	444,856
12. Claims paid.....	3,198	30,449	1,094,525	1,128,172
D. Net:				
13. Incurred claims.....	0	31,728	2,534,853	2,566,581
14. Beginning claim reserves and liabilities.....	0	3,899	91,375	95,274
15. Ending claim reserves and liabilities.....	0	3,587	65,402	68,989
16. Claims paid.....	0	32,040	2,560,826	2,592,866
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....		31,728	2,540,466	2,572,194
18. Beginning reserves and liabilities.....		3,899	92,566	96,465
19. Ending reserves and liabilities.....		3,587	66,416	70,003
20. Paid claims and cost containment expenses.....	0	32,040	2,566,616	2,598,656

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						
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....		142,363
71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....		
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....		311,708
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				0	454,071
1099999.	Total - Life and Annuity Non-Affiliates.....				0	454,071
1199999.	Total - Life and Annuity.....				0	454,071
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	120	
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Co of America.....	FL.....	1,133	6,998
62235.....	01-0278678....	01/01/1994	UNUM Life Insurance Co of America.....	ME.....		605
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	221,457	106,083
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company.....	IA.....		18,856
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				222,710	132,542
2199999.	Total - Accident and Health Non-Affiliates.....				222,710	132,542
2299999.	Total - Accident and Health.....				222,710	132,542
2399999.	Total U.S.....				222,710	586,613
9999999.	Total.....				222,710	586,613

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	OL.....	11,843,137	1,175,928	1,531,701	399,231	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	ACO/I.....	FL.....	.....	.....4,537,042	4,043,074	51,965	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	ACO/I.....	FL.....	.....	.....3,954,230	3,907,622	51,965	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	OTH/I.....	OL.....	11,704,743	674,188	641,340	156,279	.....	.....	.....	.....
88099.....	75-1608507....	10/12/2004	Optimum Re.....	TX.....	YRT/I.....	OL.....	912,159	3,773	4,214	3,599	.....	.....	.....	.....
82627.....	06-0839705....	01/01/2005	Swiss Re Life & Health.....	MO.....	CO/I.....	OL.....	10,258,926	265,098	299,103	23,695	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	TX.....	ACO/I.....	FL.....	.....	.....522,972	686,666	8,888	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	TX.....	CO/I.....	OL.....	1,657,302	19,847	62,391	9,140	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						36,376,267	11,153,078	11,176,111	704,762	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						36,376,267	11,153,078	11,176,111	704,762	0	0	0	0
1199999.	Total - General Account - Authorized.....						36,376,267	11,153,078	11,176,111	704,762	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						36,376,267	11,153,078	11,176,111	704,762	0	0	0	0
6999999.	Total U.S.....						36,376,267	11,153,078	11,176,111	704,762	0	0	0	0
9999999.	Total.....						36,376,267	11,153,078	11,176,111	704,762	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
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	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	D.....	14,400	45	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	A.....	176	33	1,243	.....	.....	.....	.....
88340.....	59-2859797....	.01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	LTDI.....	1,143	.....	.....11,638	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	OM.....	152	.....	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	LTDI.....	716	.....	.....86,557	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	MS.....	1,584,299	115,354	19,612	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OM.....	29,532	5,413	29,763	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	LTDI.....	313	11	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	A.....	346	132	56,976	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	D.....	26,579	2,373	.....	.....	.....	.....	.....
88340.....	59-2859797....	.01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OM.....	5,590	1,791	.....	.....	.....	.....	.....
67679.....	23-1609793....	.08/01/2006	American Republic Insurance Company.....	IA.....	CO/I.....	CMM.....	25,311	147	.....	.....	.....	.....	.....
67679.....	23-1609793....	.08/01/2006	American Republic Insurance Company.....	IA.....	CO/G.....	CMM.....	(330)	.....	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	CO/G.....	LTDI.....	365	.....	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	CO/G.....	MS.....	79	270	3,500	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	CO/I.....	MS.....	1,987	.....	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	CO/I.....	OM.....	172	.....	.....	.....	.....	.....	.....
62235.....	01-0278678....	.01/01/1994	UNUM Life Insurance Company.....	ME.....	CO/G.....	LTDI.....	1,226	.....	.....72,144	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						1,692,056	125,569	281,433	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-3190987...	.07/01/2014	Cigna Global Reinsurance Company.....	BMU.....	CAT/G.....	A.....	120	.....	.....	.....	.....	.....	.....
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						120	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						1,692,176	125,569	281,433	0	0	0	0
1199999.	Total - General Account - Authorized.....						1,692,176	125,569	281,433	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						1,692,176	125,569	281,433	0	0	0	0
6999999.	Total - U.S.....						1,692,056	125,569	281,433	0	0	0	0
7099999.	Total - Non-U.S.....						120	0	0	0	0	0	0
9999999.	Total.....						1,692,176	125,569	281,433	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2016	2015	2014	2013	2012
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	2,397	2,784	3,201	3,642	10,322
2.	Commissions and reinsurance expense allowances.....	229	283	353	452	651
3.	Contract claims.....	1,396	2,100	2,745	2,439	2,807
4.	Surrender benefits and withdrawals for life contracts.....					
5.	Dividends to policyholders.....					
6.	Reserve adjustments on reinsurance ceded.....					
7.	Increase in aggregate reserves for life and accident and health contracts.....					
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	584	661	766	893	1,459
9.	Aggregate reserves for life and accident and health contracts.....	11,551	12,181	12,103	12,608	12,495
10.	Liability for deposit-type contracts.....	(9)		(9)	(18)	40
11.	Contract claims unpaid.....	587	424	311	395	425
12.	Amounts recoverable on reinsurance.....	223	259	403	399	676
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with certified reinsurers.....					
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).....					

CENTRAL RESERVE LIFE INSURANCE COMPANY
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).....	29,564,248		29,564,248
2. Reinsurance (Line 16).....	269,160		269,160
3. Premiums and considerations (Line 15).....	(372,520)	584,194	211,674
4. Net credit for ceded reinsurance.....	XXX	11,553,406	11,553,406
5. All other admitted assets (balance).....	1,111,944		1,111,944
6. Total assets excluding Separate Accounts (Line 26).....	30,572,832	12,137,600	42,710,432
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	30,572,832	12,137,600	42,710,432
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	516,461	11,550,987	12,067,448
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	283,308	586,613	869,921
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	11,272		11,272
14. Other contract liabilities (Line 9).....	30,228		30,228
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	381,932		381,932
20. Total liabilities excluding Separate Accounts (Line 26).....	1,223,201	12,137,600	13,360,801
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	1,223,201	12,137,600	13,360,801
23. Capital & surplus (Line 38).....	29,349,631	XXX	29,349,631
24. Total liabilities, capital & surplus (Line 39).....	30,572,832	12,137,600	42,710,432
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	11,550,987		
26. Claim reserves.....	586,613		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	12,137,600		
34. Premiums and considerations.....	584,194		
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.....	584,194		
41. Total net credit for ceded reinsurance.....	11,553,406		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				6
			1	2	3	4	
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
							Totals
1.	Alabama.....	AL	18,542	2,400			20,942
2.	Alaska.....	AK	710	-			710
3.	Arizona.....	AZ	7,128	-			7,128
4.	Arkansas.....	AR	8,034	-			8,034
5.	California.....	CA	12	-			12
6.	Colorado.....	CO	3,185	-			3,185
7.	Connecticut.....	CT	-	-			0
8.	Delaware.....	DE	413	-			413
9.	District of Columbia.....	DC	710	-			710
10.	Florida.....	FL	7,005	-			7,005
11.	Georgia.....	GA	600	-			600
12.	Hawaii.....	HI	-	-			0
13.	Idaho.....	ID	265	-			265
14.	Illinois.....	IL	28,224	-			28,224
15.	Indiana.....	IN	43,817	2,700			46,517
16.	Iowa.....	IA	3,635	-			3,635
17.	Kansas.....	KS	36,420	1,200			37,620
18.	Kentucky.....	KY	2,084	-			2,084
19.	Louisiana.....	LA	301	-			301
20.	Maine.....	ME	-	-			0
21.	Maryland.....	MD	826	-			826
22.	Massachusetts.....	MA	-	-			0
23.	Michigan.....	MI	10,555	2,388			12,943
24.	Minnesota.....	MN	-	-			0
25.	Mississippi.....	MS	815	-			815
26.	Missouri.....	MO	30,850	-			30,850
27.	Montana.....	MT	-	-			0
28.	Nebraska.....	NE	-	-			0
29.	Nevada.....	NV	1,113	-			1,113
30.	New Hampshire.....	NH	-	-			0
31.	New Jersey.....	NJ	64	-			64
32.	New Mexico.....	NM	-	-			0
33.	New York.....	NY	-	-			0
34.	North Carolina.....	NC	101,657	-			101,657
35.	North Dakota.....	ND	726	-			726
36.	Ohio.....	OH	101,442	90,330			191,772
37.	Oklahoma.....	OK	5,803	-			5,803
38.	Oregon.....	OR	-	-			0
39.	Pennsylvania.....	PA	6,564	13,200			19,764
40.	Rhode Island.....	RI	-	-			0
41.	South Carolina.....	SC	15,418	-			15,418
42.	South Dakota.....	SD	632	-			632
43.	Tennessee.....	TN	16,855	-			16,855
44.	Texas.....	TX	33,056	-			33,056
45.	Utah.....	UT	2,739	-			2,739
46.	Vermont.....	VT	-	-			0
47.	Virginia.....	VA	78,069	-			78,069
48.	Washington.....	WA	-	-			0
49.	West Virginia.....	WV	11,691	600			12,291
50.	Wisconsin.....	WI	-	-			0
51.	Wyoming.....	WY	-	-			0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		579,960	112,818	0	0	692,778

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0901	Cigna Group.....	.....	06-1059331..	1591167	701221	US.....	Cigna Corporation.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1072796..	1591167	701221	.....	Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	51-0402128..	1591167	701221	.....	Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1095823..	1591167	701221	.....	Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	52-0291385..	1591167	701221	.....	Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	23-1914061..	1591167	701221	.....	Former Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-0861092..	1591167	701221	.....	Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	01-0947889..	1591167	701221	.....	Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-0840391..	1591167	701221	.....	Connecticut General Corporation.....	CT.....	UIP.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-0585518..	1591167	701221	.....	Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	12814..	20-4433475..	1591167	701221	.....	Allegiance Life & Health Insurance Company.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	20-3851464..	1591167	701221	.....	Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-0400550..	1591167	701221	.....	Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	71-0916514..	1591167	701221	.....	Allegiance COBRA Services, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...50.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-0425785..	1591167	701221	.....	Intermountain Underwriters, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Star Point, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	20-1821898..	1591167	701221	.....	HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	76-0628370..	1591167	701221	.....	NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	52-1929677..	1591167	701221	.....	NewQuest Management Northeast, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	10095..	52-2259087..	1591167	701221	.....	Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	11254..	52-2363406..	1591167	701221	.....	Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	12902..	20-8534298..	1591167	701221	.....	HealthSpring Life & Health Insurance Company, Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	95781..	63-0925225..	1591167	701221	.....	HealthSpring of Alabama, Inc.....	AL.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	11532..	65-1129599..	1591167	701221	.....	HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	77-0632665..	1591167	701221	.....	NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	20-4954206..	1591167	701221	.....	NewQuest Management of Florida, LLC.....	GA.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	20-8647386..	1591167	701221	.....	HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	45-0633893..	1591167	701221	.....	NewQuest Management of West Virginia, LLC..	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	75-3108527..	1591167	701221	.....	TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	75-3108521..	1591167	701221	.....	HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	76-0657035..	1591167	701221	.....	GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	...99.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	33-1033586..	1591167	701221	.....	NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	72-1559530..	1591167	701221	.....	HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		62-1540621..	1591167	701221	.....	HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11522..	62-1593150..	1591167	701221	.....	HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		20-5524622..	1591167	701221	.....	Tennessee Quest, LLC.....	TN.....	NIA.....	HealthSpring Management, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		26-2353476..	1591167	701221	.....	HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		26-2353772..	1591167	701221	.....	HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		20-4266628..	.....	.....	.....	Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		35-2562415..	.....	.....	.....	Alegis Care Services, LLC.....	DE.....	NIA.....	Home Physicians Management, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	13733..	03-0452349..	1591167	701221	.....	Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		41-1648670..	1591167	701221	.....	Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		94-3107309..	1591167	701221	.....	Cigna Behavioral Health of California, Inc.....	CA.....	IA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		75-2751090..	1591167	701221	.....	Cigna Behavioral Health of Texas, Inc.	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		06-1346406..	1591167	701221	.....	MCC Independent Practice Association of New York, Inc.	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		59-2308055..	1591167	701221	.....	Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		59-2600475..	1591167	701221	.....	Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11175..	59-2675861..	1591167	701221	.....	Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95380..	59-2676987..	1591167	701221	.....	Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52021..	59-1611217..	1591167	701221	.....	Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		06-1351097..	1591167	701221	.....	Cigna Dental Health of Illinois, Inc.....	IL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52024..	59-2625350..	1591167	701221	.....	Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52108..	59-2619589..	1591167	701221	.....	Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11160..	06-1582068..	1591167	701221	.....	Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11167..	59-2308062..	1591167	701221	.....	Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95179..	56-1803464..	1591167	701221	.....	Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47805..	59-2579774..	1591167	701221	.....	Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47041..	52-1220578..	1591167	701221	.....	Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95037..	59-2676977..	1591167	701221	.....	Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52617..	52-2188914..	1591167	701221	.....	Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47013..	86-0807222..	1591167	701221	.....	Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	48119..	59-2740468..	1591167	701221	.....	Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		62-1312478..	1591167	701221	.....	Cigna Health Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		02-0387748..	1591167	701221	.....	Healthsource, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95125..	86-0334392..	1591167	701221	.....	Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		95-3310115..	1591167	701221	.....	Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95604..	84-1004500..	1591167	701221	.....	Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95660..	06-1141174..	1591167	701221		Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	95136...	59-2089259..	1591167	701221	.....	Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95602...	36-3385638..	1591167	701221	.....	Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	01-0418220..	1591167	701221	.....	Cigna HealthCare of Maine, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0402111..	1591167	701221	.....	Cigna HealthCare of Massachusetts, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	52-1404350..	1591167	701221	.....	Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95493...	02-0387749..	1591167	701221	.....	Cigna HealthCare of New Hampshire, Inc.....	NH.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95500...	22-2720890..	1591167	701221	.....	Cigna HealthCare of New Jersey, Inc.....	NJ.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-2301807..	1591167	701221	.....	Cigna HealthCare of Pennsylvania, Inc.....	PA.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95635...	36-3359925..	1591167	701221	.....	Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	62-1230908..	1591167	701221	.....	Cigna HealthCare of Utah, Inc.....	UT.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	96229...	58-1641057..	1591167	701221	.....	Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95383...	74-2767437..	1591167	701221	.....	Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95525...	35-1679172..	1591167	701221	.....	Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95606...	62-1218053..	1591167	701221	.....	Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95132...	56-1479515..	1591167	701221	.....	Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95708...	06-1185590..	1591167	701221	.....	Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Temple Insurance Company Limited.....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	86-3581583..	1591167	701221	.....	Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0467679..	1591167	701221	.....	Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0515554..	1591167	701221	.....	Cigna Benefit Technology Solutions, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	35-1641636..	1591167	701221	.....	Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	84-0985843..	1591167	701221	.....	Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	93-1174749..	1591167	701221	.....	Great-West Healthcare of Illinois, Inc.....	IL.....	IA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0495422..	1591167	701221	.....	Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	64548...	13-2556568..	3281743	701221	.....	Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	62308...	06-0303370..	1591167	701221	.....	Connecticut General Life Insurance Company...	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-3481107..	1591167	701221	.....	CG Mystic Center LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Station Landing, LLC.....	DE.....	IA.....	CG Mystic Center LLC.....	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-3481241..	1591167	701221	.....	CG Mystic Land LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3870049..	1591167	701221	.....	CG Skyline, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Skyline ND/CG LLC.....	MA.....	IA.....	CG Skyline LLC.....	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Skyline Mezzanine Borrower LLC.....	MA.....	IA.....	Skyline ND/CG LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Skyline at Station Landing LLC.....	MA.....	IA.....	Skyline Mezzanine Borrower LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-0180898..	1591167	701221	.....	CareAllies, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		CG Bayport LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	Bayport Colony Apartments LLC.....	FL.....	IA.....	CG Bayport LLC.....	Ownership.....	99.900	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		32-0222252..	1591167	701221	.....	Cigna Onsite Health, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	Y.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	Gillette Ridge Community Council, Inc.....	CT.....	IA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		20-3700105..	1591167	701221	.....	Gillette Ridge Golf, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		52-2149519..	1591167	701221	.....	Hazard Center Investment Company LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		23-3074013..	1591167	701221	.....	TEL-DRUG of Pennsylvania, L.L.C.....	PA.....	IA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	Y.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	GRG Acquisitions LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		27-5402196..	1591167	701221	.....	Cigna Affiliates Realty Investment Group LLC..	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	CR Longwood Investors L.P.....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	27.030	Charles River Realty Longwood, LLC (non-affiliate)	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	ND/CR Longwood LLC.....	DE.....	IA.....	CR Longwood Investors L.P.....	Ownership.....	95.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	ARE/ND/CR Longwood LLC.....	DE.....	IA.....	ND / CR Longwood LLC.....	Ownership.....	35.000	ARE-MA Region No. 41, LLC (non-affiliate).....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	Secon Properties, LP.....	CA.....	IA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Transwestern Federal Holdings, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	7.616	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Transwestern Federal , L.L.C.....	DE.....	NIA.....	Transwestern Federal Holdings, L.L.C.....	Ownership.....	7.616	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	CR Washington Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	33.820	Charles River Washington Street LLC (non-affiliate)	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	50.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	ND/CR Unicorn LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	70.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	Union Wharf Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	AMD Apartments Limited Partership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	SP Newport Crossing LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	PUR Arbors Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	87.500	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	CG Seventh Street LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	87.500	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221	.....	Ideal Properties II LLC.....	CA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		80-0668090..	1591167	701221	.....	Alessandro Partners, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	95.200	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		80-0908244..	.....	.....	.....	Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Houston Briar Forest Apartments Limited Partnership	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	71.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	50.000	Cigna Corporation and Newtown Square	N.....	.....
0901	Cigna Group.....		00-0000000..	.....	.....	.....	AFA Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	SB-SNH LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	CGGL 18301 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	71.400	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	47-4235739..	.....	.....	.....	CI Perris 151, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	75.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	47-4375626..	.....	.....	.....	Lakehills CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	30-0939067..	.....	.....	.....	Affiliated Hotel Subsidiary.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-2481274..	.....	.....	.....	CGGL 6280 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-2650133..	.....	.....	.....	Berewick Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-3389374..	.....	.....	.....	CIG-LEI Ygnacio Associates LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	61-1797835..	.....	.....	.....	CGGL Orange Collection LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-3281922..	.....	.....	.....	CGGL Chapman LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-3313562..	.....	.....	.....	CGGL City Parkway LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-4139432..	.....	.....	.....	Heights at Bear Creek Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-0268530..	1591167	701221	.....	CORAC, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.	Ownership.....	50.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3923999..	1591167	701221	.....	Bridgepoint Office Park Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3126102..	1591167	701221	.....	Fairway Center Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3582688..	1591167	701221	.....	Henry on the Park Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67369..	59-1031071..	1591167	701221	.....	Cigna Health and Life Insurance Company.....	CT.....	UDP.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-2681649..	1591167	701221	.....	CarePlexus, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3396038..	1591167	701221	.....	Cigna Corporate Services, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1903785..	1591167	701221	.....	Cigna Insurance Agency, LLC.....	CT.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	34-1970892..	.....	.....	.....	Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	Y.....	.....
0901	Cigna Group.....	61727..	34-0970995..	.....	.....	.....	Central Reserve Life Insurance Company.....	OH.....	RE.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67903..	23-1335885..	.....	.....	.....	Provident American Life & Health Insurance Company	OH.....	DS.....	Central Reserve Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65269..	75-2305400..	.....	.....	.....	United Benefit Life Insurance Company.....	OH.....	DS.....	Provident American Life and Health Insurance Company	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65722..	63-0343428..	.....	.....	.....	Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	88366..	59-2760189..	.....	.....	.....	American Retirement Life Insurance Company..	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		23-3744987..				QualCare Alliance Networks, Inc.....	NJ.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	Y.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	22-3129563..	.....	.....	.....	QualCare, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	22-2483867..	.....	.....	.....	Scibal Associates, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-1634843..	.....	.....	.....	QualCare Captive Insurance Company Inc., PCC	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-1801639..	.....	.....	.....	QualCare Management Resources Limited Liability Company	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-2086778..	.....	.....	.....	Health-Lynx, LLC.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	77399..	13-1867829..	.....	.....	.....	Sterling Life Insurance Company.....	IL.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	91-1500758..	.....	.....	.....	Olympic Health Management Systems, Inc.....	WA.....	NIA.....	Sterling Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	91-1599329..	.....	.....	.....	Olympic Health Management Services, Inc.....	WA.....	NIA.....	Olympic Health Management Systems, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	88-0455414..	.....	.....	.....	WorldDoc, Inc.....	NV.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...20.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	23-1728483..	...1591167	...701221	.....	Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	20-8064696..	...1591167	...701221	.....	Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	65498..	23-1503749..	...1591167	...701221	.....	Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	...1591167	...701221	.....	Cigna & CMB Life Insurance Company Limited	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...50.000	Cigna Corporation.....	...Y.....	.....
0901	Cigna Group.....	.....	58-1136865..	...1591167	...701221	.....	Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	...Y.....	.....
0901	Cigna Group.....	.....	46-0427127..	...1591167	...701221	.....	Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	...1591167	...701221	.....	Cigna Global Wellbeing Holdings Limited	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...70.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	...1591167	...701221	.....	Cigna Global Wellbeing Solutions Limited	GBR.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	98-0463704..	...1591167	...701221	.....	Vielife Services, Inc.	DE.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1332403..	...1591167	...701221	.....	CG Individual Tax Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1332405..	...1591167	...701221	.....	CG Life Pension Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1332401..	.....	.....	.....	CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	62-1724116..	...1591167	...701221	.....	Cigna Federal Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	23-2741293..	...1591167	...701221	.....	Cigna Healthcare Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	23-2924152..	...1591167	...701221	.....	Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	23-2741294..	...1591167	...701221	.....	Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1071502..	...1591167	...701221	.....	Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1522976..	...1591167	...701221	.....	Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1567902..	...1591167	...701221	.....	Cigna Resource Manager, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1252419..	...1591167	...701221	.....	Connecticut General Benefit Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1533555..	...1591167	...701221	.....	Healthsource Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	35-2041388..	...1591167	...701221	.....	IHN, Inc.....	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1252418..	...1591167	...701221	.....	LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....		88-0334401..	...1591167	...701221		Mediversal, Inc.	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		88-0344624..	1591167	701221		Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		81-2760646..	1591167	701221		CareAllies, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		51-0389196..	1591167	701221		Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		51-0111677..	1591167	701221		Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		23-2610178..	1591167	701221		Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		30-3087621..	1591167	701221		Cigna International Marketing (Thailand) Limited	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.900	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.780	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...56.020	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		AA-3190987..	1591167	701221		Cigna Global Reinsurance Company, Ltd.....	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		23-3009279..	1591167	701221		Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		46-4110289..	1591167	701221		Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		98-1146864..	1591167	701221		Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Laurel Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Apac Holdings Limited.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		98-1137759..	1591167	701221		Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Korea Foundation.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna International Services Australia Pty Ltd..	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Hong Kong Holdings Company Limited..	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Data Services (Shanghai) Company Limited	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna HLA Technology Services Limited.....	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Worldwide General Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Worldwide Life Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna International Health Services Sdn. Bhd..	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna International Health Services Sdn. Bhd.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		119-599-164.	1591167	701221		Grown Ups New Zealand Limited.....	NZL.....	NIA.....	Cigna Life Insurance New Zealand Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		AA-1560515..	1591167	701221		Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	KOR.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..	1591167	701221		LINA Financial Service.....	KOR.....	NIA.....	Cigna Korea Chusik Heosa.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		00-0000000..	1591167	701221		RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	49.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Brokerage & Marketing (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	75.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		KDM (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	99.900	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	75.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Taiwan Life Assurance Company Limited	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1154657..				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	50.540	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1155943..				Cigna Elmwood Holdings, SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1181787..				Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	51.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		AA-1240009..	1591167	701221		Cigna Life Insurance Company of Europe S.A.-N.V.	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	99.993	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	99.999	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Oak Holdings, Ltd.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Willow Holdings, Ltd.....	GBR.....	NIA.....	Cigna Oak Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		FirstAssist Administration Limited	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Legal Protection Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Insurance Services (Europe) Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	51.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna International Health Services, LLC	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna International Health Services Kenya Limited	KEN.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Sequoia Holdings SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
901..	Cigna Group.....						Cigna Cedar Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	TUR.....	IA.....	Cigna Magnolia Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Nederland Beta B.V.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Finans Emeklilik Ve Hayat A.S.	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	51.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		46-4099800..				Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.160	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	99.990	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Cigna Global Insurance Company Limited.....	GBR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	CignaTTK Health Insurance Company Limited..	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	26.000	TTK (non-affiliate).....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna SAICO Benefits Services W.L.L.....	BHR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	50.000	Cigna Corporation and SAICO (non affiliate)...	N.....	.....
0901	Cigna Group.....	90859...	23-2088429..	1591167	701221	.....	Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	AA-5360003.	1591167	701221	.....	PT. Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....		00-0000000..				Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
53	06-1059331.....	Cigna Corporation.....	579,700,000	(22,000,000)	-	193,500	(32,151,105)	-			525,742,395	
	06-1072796.....	Cigna Holdings, Inc.....	1,177,942,490	(289,085,000)	-	-	(1,676,519)	-			887,180,971	
	51-0402128.....	Cigna Intellectual Property, Inc.....	-	-	-	-	-	-			0	
	06-1095823.....	Cigna Investment Group, Inc.....	(3,642,490)	-	-	-	-	-			(3,642,490)	
	52-0291385.....	Cigna International Finance, Inc.....	-	-	-	-	-	-			0	
	23-1914061.....	Former Cigna Investments, Inc.....	-	-	-	-	2,188,846	-			2,188,846	
	06-0861092.....	Cigna Investments, Inc.....	-	-	-	-	39,103,604	-			39,103,604	
	01-0947889.....	Cigna Benefits Financing, Inc.....	-	-	-	-	2,160,000	-			2,160,000	
	06-0840391.....	Connecticut General Corporation.....	28,750,000	(28,750,000)	-	-	59,958,538	-			59,958,538	
	81-0585518.....	Benefit Management Corp.....	(5,000,000)	-	-	-	-	-			(5,000,000)	
	12814.....	20-4433475.....	Allegiance Life & Health Insurance Company.....	-	-	-	(1,845,897)	234,290			(1,611,607)	29,632
		20-3851464.....	Allegiance Re, Inc.....	-	-	-	-	-			0	
		81-0400550.....	Allegiance Benefit Plan Management, Inc.....	-	-	-	416,213	-			416,213	
		71-0916514.....	Allegiance COBRA Services, Inc.....	-	-	-	660	-			660	
		00-0000000.....	Allegiance Provider Direct, LLC.....	-	-	-	0	-			0	
		00-0000000.....	Community Health Network, LLC.....	-	-	-	-	-			0	
		81-0425785.....	Intermountain Underwriters, Inc.....	-	-	-	33,301	-			33,301	
		00-0000000.....	Star Point, LLC.....	-	-	-	88,717	-			88,717	
		20-1821898.....	HealthSpring, Inc.....	-	-	-	(8,972,596)	-			(8,972,596)	
		76-0628370.....	NewQuest, LLC.....	(21,250,000)	-	-	(228,572)	-			(21,478,572)	
		52-1929677.....	NewQuest Management Northeast, LLC.....	-	-	-	116,482,363	-			116,482,363	
	10095.....	52-2259087.....	Bravo Health Mid-Atlantic, Inc.....	-	-	-	(27,192,370)	-			(27,192,370)	
	11254.....	52-2363406.....	Bravo Health Pennsylvania, Inc.....	-	-	-	(87,876,040)	-			(87,876,040)	
	12902.....	20-8534298.....	HealthSpring Life & Health Insurance Company, Inc.....	-	-	-	(315,770,121)	-			(315,770,121)	
	95781.....	63-0925225.....	HealthSpring of Alabama, Inc.....	-	-	-	(101,795,691)	-			(101,795,691)	
	11532.....	65-1129599.....	HealthSpring of Florida, Inc.....	-	-	-	(118,602,443)	-			(118,602,443)	
		77-0632665.....	NewQuest Management of Illinois, LLC.....	(4,000,000)	-	-	60,278,356	-			56,278,356	
		20-4954206.....	NewQuest Management of Florida, LLC.....	(12,000,000)	-	-	93,829,309	-			81,829,309	
		20-8647386.....	HealthSpring Management of America, LLC.....	(10,500,000)	-	-	458,155,940	-			447,655,940	
		45-0633893.....	NewQuest Management of West Virginia, LLC.....	-	-	-	-	-			0	
		75-3108527.....	TexQuest, LLC.....	-	-	-	-	-			0	
		75-3108521.....	HouQuest, LLC.....	-	-	-	-	-			0	
		76-0657035.....	GulfQuest, LP.....	(95,000,000)	-	-	(16,389)	-			(95,016,389)	
		33-1033586.....	NewQuest Management of Alabama, LLC.....	(20,000,000)	-	-	177,437,738	-			157,437,738	
		72-1559530.....	HealthSpring USA, LLC.....	(10,000,000)	-	-	17,324,625	-			7,324,625	
		62-1540621.....	HealthSpring Management, Inc.....	-	-	-	159,591,437	-			159,591,437	
	11522.....	62-1593150.....	HealthSpring of Tennessee, Inc.....	-	-	-	(259,642,995)	-			(259,642,995)	
		20-5524622.....	Tennessee Quest, LLC.....	(6,000,000)	-	-	(884)	-			(6,000,884)	
		26-2353476.....	HealthSpring Pharmacy Services, LLC.....	-	-	-	-	-			0	
		26-2353772.....	HealthSpring Pharmacy of Tennessee, LLC.....	-	-	-	-	-			0	
		20-4266628.....	Home Physicians Management, LLC.....	-	-	-	-	-			0	

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
13733.....	35-2562415.....	Alegis Care Services, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
.....	03-0452349.....	Cigna Arbor Life Insurance Company.....	-	-	-	-	(7,355)	- .....	.....	.....	.....(7,355)	.....
.....	41-1648670.....	Cigna Behavioral Health, Inc.....	(75,000,000)	-	-	-	(61,107,900)	- .....	.....	.....	.....(136,107,900)	.....
.....	94-3107309.....	Cigna Behavioral Health of California, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
.....	75-2751090.....	Cigna Behavioral Health of Texas, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
.....	06-1346406.....	MCC Independent Practice Association of New York, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
.....	59-2308055.....	Cigna Dental Health, Inc.....	(11,425,000)	-	-	-	28,026,652	- .....	.....	.....	.....16,601,652	.....
.....	59-2600475.....	Cigna Dental Health Of California, Inc.....	(8,700,000)	-	-	(147,500)	(318,302)	- .....	.....	.....	.....(9,165,802)	.....
11175.....	59-2675861.....	Cigna Dental Health Of Colorado, Inc.....	(1,250,000)	-	-	-	(969,492)	- .....	.....	.....	.....(2,219,492)	.....
95380.....	59-2676987.....	Cigna Dental Health Of Delaware, Inc.....	-	-	-	-	(24,114)	- .....	.....	.....	.....(24,114)	.....
52021.....	59-1611217.....	Cigna Dental Health Of Florida, Inc.....	(7,000,000)	-	-	-	(3,505,721)	- .....	.....	.....	.....(10,505,721)	.....
.....	06-1351097.....	Cigna Dental Health of Illinois, Inc.....	-	-	-	(23,000)	- .....	- .....	.....	.....	.....(23,000)	.....
52024.....	59-2625350.....	Cigna Dental Health Of Kansas, Inc.....	(750,000)	-	-	-	(165,536)	- .....	.....	.....	.....(915,536)	.....
52108.....	59-2619589.....	Cigna Dental Health Of Kentucky, Inc.....	(2,200,000)	-	-	-	(1,114,110)	- .....	.....	.....	.....(3,314,110)	.....
11160.....	06-1582068.....	Cigna Dental Health Of Missouri, Inc.....	(475,000)	-	-	-	(468,556)	- .....	.....	.....	.....(943,556)	.....
11167.....	59-2308062.....	Cigna Dental Health Of New Jersey, Inc.....	(500,000)	-	-	-	(1,411,340)	- .....	.....	.....	.....(1,911,340)	.....
95179.....	56-1803464.....	Cigna Dental Health Of North Carolina, Inc.....	-	-	-	-	(502,114)	- .....	.....	.....	.....(502,114)	.....
47805.....	59-2579774.....	Cigna Dental Health Of Ohio, Inc.....	(2,800,000)	-	-	-	(865,755)	- .....	.....	.....	.....(3,665,755)	.....
47041.....	52-1220578.....	Cigna Dental Health Of Pennsylvania, Inc.....	(1,500,000)	-	-	-	(545,861)	- .....	.....	.....	.....(2,045,861)	.....
95037.....	59-2676977.....	Cigna Dental Health Of Texas, Inc.....	(7,200,000)	-	-	-	(4,121,872)	- .....	.....	.....	.....(11,321,872)	.....
52617.....	52-2188914.....	Cigna Dental Health Of Virginia, Inc.....	(1,000,000)	-	-	-	(590,785)	- .....	.....	.....	.....(1,590,785)	.....
47013.....	86-0807222.....	Cigna Dental Health Plan Of Arizona, Inc.....	(3,000,000)	-	-	-	417,053	- .....	.....	.....	.....(2,582,947)	.....
48119.....	59-2740468.....	Cigna Dental Health Of Maryland, Inc.....	(2,200,000)	-	-	-	(1,156,135)	- .....	.....	.....	.....(3,356,135)	.....
.....	62-1312478.....	Cigna Health Corporation.....	(5,400,000)	14,250,000	-	-	33,038,782	- .....	.....	.....	.....41,888,782	.....
.....	02-0387748.....	Healthsource, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....	-	78,000,000	-	-	(76,521,513)	(375,868)	.....	.....	.....1,102,619	670,022
.....	95-3310115.....	Cigna HealthCare of California, Inc.....	-	9,000,000	-	-	(89,452)	- .....	.....	.....	.....8,910,548	4,746,698
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....	-	-	-	-	(491,943)	710,294	.....	.....	.....218,351	44,766
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....	-	-	-	-	(2,034,219)	(3,944)	.....	.....	.....(2,038,163)	2,105
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....	-	-	-	-	(230,053)	(18,517)	.....	.....	.....(248,570)	9,881
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....	-	-	-	(23,000)	(380,576)	(9,195)	.....	.....	.....(412,771)	4,907
95477.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....	-	-	-	-	36	- .....	.....	.....	.....36	.....
95220.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....	-	-	-	-	8	- .....	.....	.....	.....8	.....
95599.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....	-	-	-	-	(2,284)	- .....	.....	.....	.....(2,284)	.....
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.....	-	-	-	-	(16,230)	- .....	.....	.....	.....(16,230)	.....
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....	-	2,500,000	-	-	(663,108)	55,288	.....	.....	.....1,892,180	7,172
95121.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....	-	-	-	-	(5,900,065)	283,757	.....	.....	.....(5,616,308)	47,200
95518.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....	-	52,000,000	-	-	(62,105,279)	(36,725)	.....	.....	.....(10,142,004)	19,598
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....	-	14,000,000	-	-	(23,105,571)	1,906,225			(7,199,346)	724,319
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....	-	-	-	-	(21,424)	(161)			(21,585)	5,892

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95606.....	62-1218053.....	Cigna HealthCare of Tennessee, Inc.....	-	-	-	-	(4,254,232)	-			(4,254,232)	173,780
95132.....	56-1479515.....	Cigna HealthCare of North Carolina, Inc.....	-	5,500,000	-	-	(13,796,100)	(53,468)			(8,349,568)	28,532
95708.....	06-1185590.....	Cigna HealthCare of South Carolina, Inc.....	-	11,500,000	-	-	(14,881,069)	(752)			(3,381,821)	401
	00-0000000.....	Temple Insurance Company Limited.....	-	-	-	-	(22,257)	-			(22,257)	
	86-3581583.....	Arizona Health Plan, Inc.	-	-	-	-	-	-			0	
	02-0467679.....	Healthsource Properties, Inc.	-	-	-	-	-	-			0	
	00-0000000.....	Managed Care Consultants, Inc.....	-	-	-	-	-	-			0	
	02-0515554.....	Cigna Benefit Technology Solutions, Inc.....	-	-	-	-	-	-			0	
	35-1641636.....	Sagamore Health Network, Inc.....	-	-	-	-	1,032,647	-			1,032,647	
	84-0985843.....	Cigna Healthcare Holdings, Inc.....	-	-	-	-	-	-			0	
95388.....	93-1174749.....	Great-West Healthcare of Illinois, Inc.....	-	-	-	-	(1,839)	-			(1,839)	
	02-0495422.....	Cigna Healthcare, Inc.....	-	-	-	-	-	-			0	
64548.....	13-2556568.....	Cigna Life Insurance Company of New York.....	(9,700,000)	-	-	-	(1,248,842)	10,624,135			(324,707)	154,395,629
62308.....	06-0303370.....	Connecticut General Life Insurance Company.....	(63,000,000)	16,921,030	-	-	(5,347,546)	(87,235,847)			(138,662,363)	(826,297,536)
	45-3481107.....	CG Mystic Center LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Station Landing, LLC.....	-	-	-	-	-	-			0	
	45-3481241.....	CG Mystic Land LLC.....	-	-	-	-	-	-			0	
	20-3870049.....	CG Skyline, LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Skyline ND/CG LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Skyline Mezzanine Borrower LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Skyline at Station Landing LLC.....	-	-	-	-	-	-			0	
	26-0180898.....	CareAllies, LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	CG Bayport LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Bayport Colony Apartments LLC.....	-	-	-	-	-	-			0	
	32-0222252.....	Cigna Onsite Health, LLC.....	-	-	-	-	14,811,904	-			14,811,904	
	00-0000000.....	Gillette Ridge Community Council, Inc.....	-	-	-	-	-	-			0	
	20-3700105.....	Gillette Ridge Golf, LLC.....	-	-	-	-	-	-			0	
	52-2149519.....	Hazard Center Investment Company LLC.....	-	-	-	-	-	-			0	
	23-3074013.....	TEL-DRUG of Pennsylvania, L.L.C.....	(41,000,000)	-	-	-	(61,549)	-			(41,061,549)	
	00-0000000.....	GRG Acquisitions LLC.....	-	1,520,753	-	-	-	-			1,520,753	
	27-5402196.....	Cigna Affiliates Realty Investment Group LLC.....	-	5,619,967	-	-	-	-			5,619,967	
	00-0000000.....	CR Longwood Investors L.P.....	-	-	-	-	-	-			0	
	00-0000000.....	ND/CR Longwood LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	ARE/ND/CR Longwood LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Secon Properties, LP.....	-	-	-	-	-	-			0	
	00-0000000.....	Transwestern Federal Holdings, L.L.C.....	-	-	-	-	-	-			0	
	00-0000000.....	Transwestern Federal , L.L.C.....	-	-	-	-	-	-			0	
	00-0000000.....	Market Street Residential Holdings LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Arborpoint at Market Street LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Diamondview Tower CM-CG LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	CR Washington Street Investors LP.....	-	-	-	-	-	-			0	
	00-0000000.....	Dulles Town Center Mall, LLC.....	-	-	-	-	-	-			0	

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53.3	00-0000000.....	ND/CR Unicorn LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Union Wharf Apartments LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	AMD Apartments Limited Partership.....	-	-	-	-	-	-			0	
	00-0000000.....	SP Newport Crossing LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	PUR Arbors Apartments Venture LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	CG Seventh Street LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Ideal Properties II LLC.....	-	-	-	-	-	-			0	
	80-0668090.....	Alessandro Partners, LLC.....	-	-	-	-	-	-			0	
	80-0908244.....	Mallory Square Partners I, LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	Houston Briar Forest Apartments Limited Partnership.....	-	-	-	-	-	-			0	
	00-0000000.....	Newtown Partners II, LP.....	-	-	-	-	-	-			0	
	00-0000000.....	Newtown Square GP LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	AFA Apartments Limited Partnership.....	-	-	-	-	-	-			0	
	00-0000000.....	SB-SNH LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	680 Investors LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	685 New Hampshire LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	CGGL 18301 LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	222 Main Street CARING GP LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	222 Main Street Investors LP.....	-	-	-	-	-	-			0	
	00-0000000.....	Notch 8 Residential, L.L.C.....	-	-	-	-	-	-			0	
	00-0000000.....	UVL, LLC.....	-	-	-	-	-	-			0	
	00-0000000.....	3601 North Fairfax Drive Associates, LLC.....	-	-	-	-	-	-			0	
	47-4235739.....	CI Perris 151, LLC.....	-	-	-	-	-	-			0	
	47-4375626.....	Lakehills CM-CG LLC.....	-	-	-	-	-	-			0	
	30-0939067.....	Affiliated Hotel Subsidiary.....	-	-	-	-	-	-			0	
	81-2481274.....	CGGL 6280 LLC.....	-	-	-	-	-	-			0	
	81-2650133.....	Berewick Apartments LLC.....	-	-	-	-	-	-			0	
	81-3389374.....	CIG-LEI Ygnacio Associates LLC.....	-	-	-	-	-	-			0	
	61-1797835.....	CGGL Orange Collection LLC.....	-	-	-	-	-	-			0	
	81-3281922.....	CGGL Chapman LLC.....	-	-	-	-	-	-			0	
	81-3313562.....	CGGL City Parkway LLC.....	-	-	-	-	-	-			0	
	81-4139432.....	Heights at Bear Creek Venture LLC.....	-	-	-	-	-	-			0	
	27-0268530.....	CORAC, LLC.....	-	(1,153,486)	-	-	-	-			(1,153,486)	
	27-3923999.....	Bridgepoint Office Park Associates, LLC.....	-	-	-	-	-	-			0	
	27-3126102.....	Fairway Center Associates, LLC.....	-	-	-	-	-	-			0	
	27-3582688.....	Henry on the Park Associates, LLC.....	-	-	-	-	-	-			0	
67369.....	59-1031071.....	Cigna Health and Life Insurance Company.....	(995,000,000)	(33,532,076)	-	-	(73,957,210)	111,950,034			(990,539,252)	94,794,298
	45-2681649.....	CarePlexus, LLC.....	-	-	-	-	-	-			0	
	27-3396038.....	Cigna Corporate Services, LLC.....	-	-	-	-	-	-			0	
	27-1903785.....	Cigna Insurance Agency, LLC.....	-	-	-	-	-	-			0	
	34-1970892.....	Ceres Sales of Ohio, LLC.....	-	-	-	-	-	-			0	
61727.....	34-0970995.....	Central Reserve Life Insurance Company.....	-	-	-	-	(312,172)	-			(312,172)	

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

53.4

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
67903.....	23-1335885.....	Provident American Life & Health Insurance Company.....	-	-	-	-	(574,610)	- .....	.....	.....	.....(574,610)	.....
65269.....	75-2305400.....	United Benefit Life Insurance Company.....	-	-	-	-	(22,421)	- .....	.....	.....	.....(22,421)	.....
65722.....	63-0343428.....	Loyal American Life Insurance Company.....	-	(6,500,000)	-	-	(23,150,876)	- .....	.....	.....	.....(29,650,876)	.....
88366.....	59-2760189.....	American Retirement Life Insurance Company.....	-	21,500,000	-	-	(27,906,479)	- .....	.....	.....	.....(6,406,479)	.....
	23-3744987.....	QualCare Alliance Networks, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	22-3129563.....	QualCare, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	22-2483867.....	Scibal Associates, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	46-1634843.....	QualCare Captive Insurance Company Inc., PCC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	46-1801639.....	QualCare Management Resources Limited Liability Company.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	46-2086778.....	Health-Lynx, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
77399.....	13-1867829.....	Sterling Life Insurance Company.....	(2,100,000)	-	-	-	(3,529,363)	- .....	.....	.....	.....(5,629,363)	.....
	91-1500758.....	Olympic Health Management Systems, Inc.....	(2,800,000)	- .....	- .....	- .....	- .....	- .....	.....	.....	.....(2,800,000)	.....
	91-1599329.....	Olympic Health Management Services, Inc.....	(100,000)	- .....	- .....	- .....	- .....	- .....	.....	.....	.....(100,000)	.....
	88-0455414.....	WorldDoc, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	23-1728483.....	Cigna Health Management, Inc.....	-	-	-	-	168,501,603	- .....	.....	.....	.....168,501,603	.....
	20-8064696.....	Kronos Optimal Health Company.....	-	-	-	-	756,634	- .....	.....	.....	.....756,634	.....
65498.....	23-1503749.....	Life Insurance Company of North America.....	-	(4,376,188)	-	(1,642,804)	(28,474,614)	69,807,940	.....	.....	.....35,314,334	669,673,856
	00-0000000.....	Cigna & CMB Life Insurance Company Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	58-1136865.....	Cigna Direct Marketing Company, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	46-0427127.....	Tel-Drug, Inc.....	(144,000,000)	-	-	-	(111,660)	- .....	.....	.....	.....(144,111,660)	.....
	00-0000000.....	Cigna Global Wellbeing Holdings Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Global Wellbeing Solutions Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	98-0463704.....	Vielife Services, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1332403.....	CG Individual Tax Benefits Payments, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1332405.....	CG Life Pension Benefits Payments, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1332401.....	CG LINA Pension Benefits Payments, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	62-1724116.....	Cigna Federal Benefits, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	23-2741293.....	Cigna Healthcare Benefits, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	23-2924152.....	Cigna Integratedcare, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	23-2741294.....	Cigna Managed Care Benefits Company.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1071502.....	Cigna RE Corporation.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1522976.....	Blodget & Hazard Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1567902.....	Cigna Resource Manager, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1252419.....	Connecticut General Benefit Payments, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	06-1533555.....	Healthsource Benefits, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	35-2041388.....	IHN, Inc.....	-	-	-	-	(4,567)	- .....	.....	.....	.....(4,567)	.....
	06-1252418.....	LINA Benefit Payments, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	88-0334401.....	Mediversal, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	88-0344624.....	Universal Claims Administration.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	81-2760646.....	CareAllies, Inc.....	-	17,901,000	- .....	- .....	- .....	- .....	.....	.....	.....17,901,000	.....
	51-0389196.....	Cigna Global Holdings, Inc.....	(55,400,000)	135,184,000	- .....	- .....	- .....	- .....	.....	.....	.....79,784,000	.....
	51-0111677.....	Cigna International Corporation, Inc.....	-	-	-	-	(10,000,008)	- .....	.....	.....	.....(10,000,008)	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.5	23-2610178.....	Cigna International Services, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	30-3087621.....	Cigna International Marketing (Thailand) Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	CGO PARTICIPATOS LTDA.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	YCFM Servicios LTDA.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	AA-3190987.....	Cigna Global Reinsurance Company, Ltd.	(155,500,000) -	-	-	1,642,804	(8,751)	(106,649,298) .....	.....	.....	(260,515,245)	(99,309,124)
	23-3009279.....	Cigna Holdings Overseas, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Bellevue Alpha LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	46-4110289.....	Cigna Linden Holdings, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	98-1146864.....	Cigna Laurel Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Palmetto Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Apac Holdings Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Alder Holdings, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Walnut Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	98-1137759.....	Cigna Chestnut Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	LINA Life Insurance Company of Korea.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Korea Foundation.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna International Services Australia Pty Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Hong Kong Holdings Company Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Data Services (Shanghai) Company Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna HLA Technology Services Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Worldwide General Insurance Company Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Worldwide Life Insurance Company Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna International Health Services Sdn. Bhd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Life Insurance New Zealand Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Grown Ups New Zealand Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	AA-1560515.....	Cigna Life Insurance Company of Canada.....	-	-	-	-	(19,562,727)	(799,188) .....	.....	.....	(20,361,915)	(47)
	00-0000000.....	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company) .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	LINA Financial Service.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	RHP (Thailand) Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Brokerage & Marketing (Thailand) Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	KDM (Thailand) Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Insurance Public Company Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Taiwan Life Assurance Company Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	98-1154657.....	Cigna Myrtle Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	98-1155943.....	Cigna Elmwood Holdings, SPRL.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	98-1181787.....	Cigna Beechwood Holdings.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	AA-1240009.....	Cigna Life Insurance Company of Europe S.A.-N.V.....	-	-	-	-	(22,856)	(400,358) .....	.....	.....	(423,214)	46,954
	00-0000000.....	Cigna Europe Insurance Company S.A.-N.V.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna European Services (UK) Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	CIGNA 2000 UK Pension LTD.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Oak Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Willow Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.6	00-0000000.....	FirstAssist Administration Limited .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Legal Protection Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Insurance Services (Europe) Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna International Health Services, BVBA.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna International Health Services, LLC .....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna International Health Services Kenya Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Sequoia Holdings SPRL.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Cedar Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Magnolia Holdings, Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna T.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Beta B.V.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Gamma B.V.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Finans Emeklilik Ve Hayat A.S. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Health Solution India Pvt. Ltd.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	46-4099800.....	Cigna Poplar Holdings, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	PT GAR Indonesia.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	PT PGU Indonesia.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Global Insurance Company Limited.....	-	-	-	-	(2,753,185)	(10,011)	.....	.....	(2,763,196)	.....
	00-0000000.....	CignaTTK Health Insurance Company Limited.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna SAICO Benefits Services W.L.L.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
90859.....	23-2088429.....	Cigna Worldwide Insurance Company.....	-	-	-	-	578,254	21,369	.....	.....	599,623	181,065
	AA-5360003.....	PT. Asuransi Cigna.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Cigna Teak Holdings, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
9999999.....	Control Totals.....	.....	0	0	0	0	0	0	XXX	0	0	0

CENTRAL RESERVE LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will 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		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	YES
APRIL FILING		
41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

CENTRAL RESERVE LIFE INSURANCE COMPANY

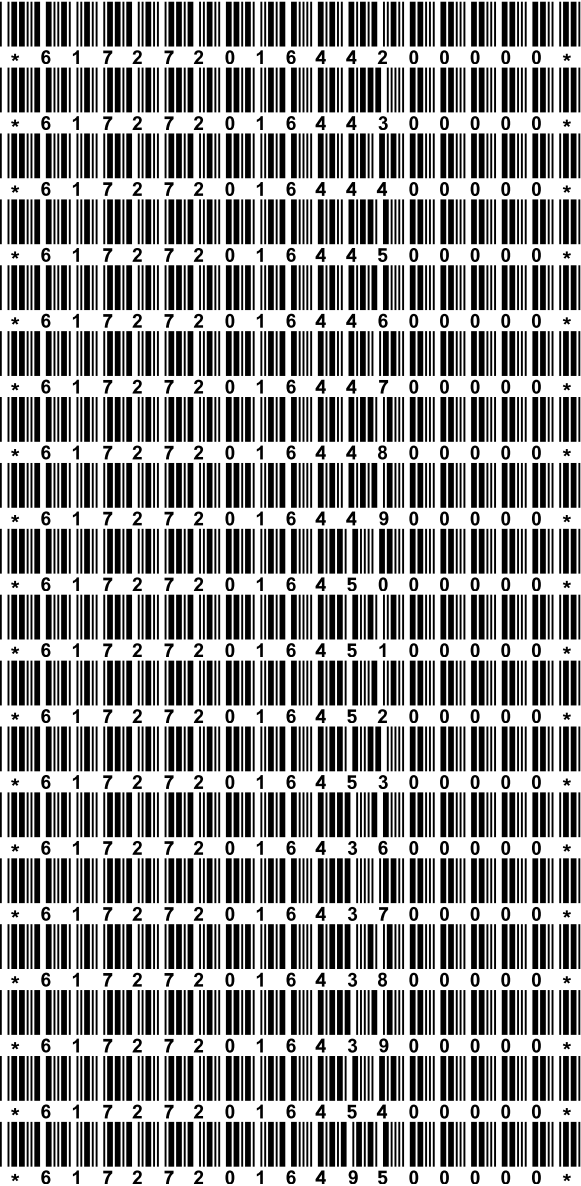
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:

BAR CODE:

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



CENTRAL RESERVE LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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35.	
36. The data for this supplement is not required to be filed.	 * 6 1 7 2 7 2 0 1 6 3 6 5 0 0 0 0 0 *
37. The data for this supplement is not required to be filed.	 * 6 1 7 2 7 2 0 1 6 2 2 4 0 0 0 0 0 *
38. The data for this supplement is not required to be filed.	 * 6 1 7 2 7 2 0 1 6 2 2 5 0 0 0 0 0 *
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50. The data for this supplement is not required to be filed.	 * 6 1 7 2 7 2 0 1 6 3 4 5 0 0 0 0 0 *
51. The data for this supplement is not required to be filed.	 * 6 1 7 2 7 2 0 1 6 2 2 3 0 0 0 0 0 *

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NONE**

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

NAIC Company Code.....61727

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

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.....	3MG.....	G.....	NO.....	34000.....	.03/16/2004	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT.....	5,648	1,558	27.6	1	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	34000.....	.02/09/2007	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT.....	10,613	1,241	11.7	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									16,261	2,799	17.2	3	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3IF(AR).....	F.....	NO.....	34000.....	.01/12/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	30,798	24,725	80.3	8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									30,798	24,725	80.3	8	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	31F(AZ).....	F.....	NO.....	34000.....	.12/05/2005	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,990	392	6.5	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,990	392	6.5	1	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MK(CO).....	F.....	NO.....	34060.....	.03/08/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,307	(68)	(5.2)	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,307	(68)	(5.2)	1	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3I(GA).....	E.....	NO.....	...34000.....	.11/09/2005	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT.....	.....	.....42	0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3I(GA).....	F.....	NO.....	...34000.....	.12/31/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,042	507	16.7	1	.....	.....	.....0.0	.....
.....YES.....	3I(GA).....	G.....	NO.....	...34000.....	.12/31/2003	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT.....	8,047	4,536	56.4	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									11,089	5,085	45.9	3	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MF(IA).....	F.....	NO.....	...34000.....	.01/27/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	57,210	28,132	49.2	12	.....	.....	.....0.0	.....
.....YES.....	3MG(IA).....	G.....	NO.....	...34000.....	.01/27/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	23,509	27,236	115.9	6	.....	.....	.....0.0	.....
.....YES.....	3MJ(IA).....	J.....	NO.....	...34000.....	.02/16/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	18,309	19,616	107.1	6	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									99,028	74,984	75.7	24	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MD(IL).....	D.....	NO.....	...34060.....	.11/18/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	9,450	14,497	153.4	2	.....	.....	.....0.0	.....
.....YES.....	3ME(IL).....	E.....	NO.....	...34060.....	.11/04/2005	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	8,112	11,330	139.7	2	.....	.....	.....0.0	.....
.....YES.....	3MF(IL).....	F.....	NO.....	...34060.....	.11/18/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	264,034	188,772	71.5	43	.....	.....	.....0.0	.....
.....YES.....	3MG(IL).....	G.....	NO.....	...34060.....	.11/18/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	10,087	8,763	86.9	2	.....	.....	.....0.0	.....
.....YES.....	3MH(IL).....	H.....	NO.....	...34060.....	.09/21/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	11,358	8,079	71.1	3	.....	.....	.....0.0	.....
.....YES.....	3MI(IL).....	I.....	NO.....	...34060.....	.08/11/2006	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	18,769	5,117	27.3	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(IL).....	J.....	NO.....	...34060.....	.09/21/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	29,805	33,710	113.1	8	.....	.....	.....0.0	.....
.....YES.....	3MK(IL).....	F.....	NO.....	...34060.....	.11/18/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,027	(2)	(0.2)	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									352,642	270,266	76.6	64	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MD.....	D.....	NO.....	...34000.....	.12/22/2003	.07/29/2009	.....	0.....	MEDICARE SUPPLEMENT.....	4,344	1,980	45.6	1	.....	.....	.....0.0	.....
.....YES.....	3ME.....	E.....	NO.....	...34000.....	.11/01/2005	.07/29/2009	.....	0.....	MEDICARE SUPPLEMENT.....	28,553	16,521	57.9	8	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO.....	...34000.....	.12/22/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	53,057	45,841	86.4	10	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.12/22/2003	.07/29/2009	.....	0.....	MEDICARE SUPPLEMENT.....	54,710	9,187	16.8	12	.....	.....	.....0.0	.....
.....YES.....	3MH(IN).....	H.....	NO.....	...34000.....	.04/11/2007	.07/29/2009	.....	0.....	MEDICARE SUPPLEMENT.....	28,873	37,471	129.8	9	.....	.....	.....0.0	.....
.....YES.....	3MI(IN).....	I.....	NO.....	...34000.....	.12/05/2006	.07/29/2009	.....	0.....	MEDICARE SUPPLEMENT.....	11,215	2,213	19.7	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(IN).....	J.....	NO.....	...34000.....	.04/11/2007	.07/29/2009	.....	0.....	MEDICARE SUPPLEMENT.....	57,295	32,675	57.0	13	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO.....	...34000.....	.12/22/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,601	843	23.4	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									241,648	146,731	60.7	60	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3ME(KS).....	E.....	NO.....	...34060.....	.12/21/2005	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT .....	.....	.....138	0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3MF(KS).....	F.....	NO.....	...34060.....	.02/04/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	101,429	45,353	44.7	23	.....	.....	.....0.0	.....
.....YES.....	3MG(KS).....	G.....	NO.....	...34060.....	.02/04/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	31,764	22,049	69.4	8	.....	.....	.....0.0	.....
.....YES.....	3MH(KS).....	H.....	NO.....	...34060.....	.03/06/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	25,493	34,853	136.7	7	.....	.....	.....0.0	.....
.....YES.....	3MI(KS).....	I.....	NO.....	...34060.....	.05/26/2006	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	10,186	13,698	134.5	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(KS).....	J.....	NO.....	...34060.....	.03/06/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	129,973	76,057	58.5	34	.....	.....	.....0.0	.....
.....YES.....	3MK(KS).....	F.....	NO.....	...34060.....	.02/04/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,329	16,210	696.0	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									301,174	208,358	69.2	77	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3ME(KY).....	E.....	NO.....	...34060.....	.11/16/2005	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	18,124	17,869	98.6	5	.....	.....	.....0.0	.....
.....YES.....	3MF(KY).....	F.....	NO.....	...34060.....	.10/30/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	22,690	6,063	26.7	4	.....	.....	.....0.0	.....
.....YES.....	3MG(KY).....	G.....	NO.....	...34060.....	.10/30/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	4,288	111	2.6	1	.....	.....	.....0.0	.....
.....YES.....	3MI(KY).....	I.....	NO.....	...34060.....	.06/02/2006	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	4,306	6,252	145.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									49,408	30,295	61.3	11	0	0	0.0	0

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GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MF(LA)R.....	F.....	NO.....	34060.....	.10/14/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	10,548	23,243	220.4	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									10,548	23,243	220.4	2	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....Michigan



NAIC Group Code.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

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

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.....	357.....	C.....	NO.....	...34000.....	.07/01/1999	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,068	1,007	48.7	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									2,068	1,007	48.7	2	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....
2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....
3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3ID.....	D.....	NO.....	...34060.....	.04/16/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	3,427	47	1.4	1	.....	.....	.....0.0	.....
.....YES.....	3IF.....	F.....	NO.....	...34060.....	.04/16/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	45,660	40,811	89.4	10	.....	.....	.....0.0	.....
.....YES.....	3IG.....	G.....	NO.....	...34060.....	.04/16/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	50,449	25,521	50.6	16	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									99,536	66,379	66.7	27	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi



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

NAIC Company Code.....61727

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

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.....	3MF(MS).....	F.....	NO.....	34060.....	.12/18/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,750	16,785	353.4	1	.....	.....	.....0.0	.....
.....YES.....	3MG(MS).....	G.....	NO.....	34060.....	.12/18/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	7,663	10,135	132.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									12,413	26,920	216.9	2	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MD(MT).....	D.....	NO.....	...34000.....	.10/21/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	1,473	(60)	(4.1)	.....	.....	.....	.....0.0	.....
.....YES.....	3MF(MT).....	F.....	NO.....	...34000.....	.10/21/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	130,276	88,243	67.7	31	.....	.....	.....0.0	.....
.....YES.....	3MG(MT).....	G.....	NO.....	...34000.....	.10/21/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	31,410	23,168	73.8	9	.....	.....	.....0.0	.....
.....YES.....	3MJ(MT).....	J.....	NO.....	...34000.....	.03/30/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	14,581	7,632	52.3	4	.....	.....	.....0.0	.....
.....YES.....	3MK(MT).....	F.....	NO.....	...34000.....	.10/21/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,349	.....	.....0.0	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									179,089	118,983	66.4	46	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina



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

NAIC Company Code.....61727

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

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.....	3MC(NC).....	C.....	NO.....	...34060.....	.06/08/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	8,810	4,264	48.4	2	.....	.....	.....0.0	.....
.....YES.....	3MD(NC).....	D.....	NO.....	...34000.....	.06/08/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	3,514	430	12.2	1	.....	.....	.....0.0	.....
.....YES.....	3ME(NC).....	E.....	NO.....	...34000.....	.12/16/2005	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	3,149	2,183	69.3	1	.....	.....	.....0.0	.....
.....YES.....	3MF(NC).....	F.....	NO.....	...34000.....	.06/08/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	224,806	155,217	69.0	49	.....	.....	.....0.0	.....
.....YES.....	3MG(NC).....	G.....	NO.....	...34000.....	.06/08/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	104,864	52,099	49.7	28	.....	.....	.....0.0	.....
.....YES.....	3MH(NC).....	H.....	NO.....	...34000.....	.02/08/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	54,852	37,784	68.9	14	.....	.....	.....0.0	.....
.....YES.....	3MI(NC).....	I.....	NO.....	...34000.....	.04/27/2006	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	4,046	1,367	33.8	1	.....	.....	.....0.0	.....
.....YES.....	3MJ(NC).....	J.....	NO.....	...34060.....	.02/08/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	217,460	103,214	47.5	49	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									621,501	356,558	57.4	145	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota



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

NAIC Company Code.....61727

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

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.....	3MF(ND).....	F.....	NO.....	...34000.....	.11/25/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	72,908	35,586	48.8	17	.....	.....	.....0.0	.....
.....YES.....	3MH(ND).....	H.....	NO.....	...34000.....	.02/27/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	649	76	11.7	.....	.....	.....	.....0.0	.....
.....YES.....	3MJ(ND).....	J.....	NO.....	...34000.....	.02/27/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	520	(208)	(40.0)	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									74,077	35,454	47.9	17	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3ME(NE).....	E.....	NO.....	...34000.....	.07/27/2005	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	2,618	690	26.4	.....	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO.....	...34000.....	.11/17/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	288,845	182,090	63.0	60	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.11/17/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	44,711	11,286	25.2	11	.....	.....	.....0.0	.....
.....YES.....	3MI.....	I.....	NO.....	...34000.....	.06/19/2006	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	3,031	2,432	80.2	1	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34000.....	.03/08/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	105,035	79,573	75.8	26	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									444,240	276,071	62.1	98	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MF.....	F.....	NO.....	34000.....	.11/17/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,962	(74)	(1.5)	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									4,962	(74)	(1.5)	0	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3ME(OH).....	E.....	NO.....	...34000.....	.08/08/2005	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT	9,346	2,411	25.8	3	.....	.....	.....0.0	.....
.....YES.....	3MF(OH).....	F.....	NO.....	...34000.....	.12/12/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	50,706	47,660	94.0	9	.....	.....	.....0.0	.....
.....YES.....	3MG(OH).....	G.....	NO.....	...34000.....	.12/12/2003	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT	45,167	29,543	65.4	10	.....	.....	.....0.0	.....
.....YES.....	3MH(OH).....	H.....	NO.....	...34000.....	.02/01/2007	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT	12,803	5,437	42.5	3	.....	.....	.....0.0	.....
.....YES.....	3MI(OH).....	I.....	NO.....	...34000.....	.05/01/2006	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT	13,395	13,311	99.4	4	.....	.....	.....0.0	.....
.....YES.....	3MJ(OH).....	J.....	NO.....	...34000.....	.02/01/2007	.07/24/2009	.....	0.....	MEDICARE SUPPLEMENT	22,750	13,005	57.2	6	.....	.....	.....0.0	.....
.....YES.....	3MK(OH).....	F.....	NO.....	...34000.....	.12/12/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,085	(2)	(0.2)	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									155,252	111,365	71.7	36	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3ME(OK).....	E.....	NO.....	...34000.....	.11/14/2005	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	6,470	5,641	87.2	2	.....	.....	.....0.0	.....
.....YES.....	3MF(OK).....	F.....	NO.....	...34000.....	.03/01/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	3,882	9,372	241.4	1	.....	.....	.....0.0	.....
.....YES.....	3MG(OK).....	G.....	NO.....	...34000.....	.03/01/2004	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	8,567	3,232	37.7	2	.....	.....	.....0.0	.....
.....YES.....	3MJ(OK).....	J.....	NO.....	...34000.....	.02/05/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT	12,799	23,661	184.9	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									31,718	41,906	132.1	9	0	0	0.0	0

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GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MF(OR).....	F.....	NO.....	34060.....	.06/15/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,110	6,464	79.7	2	.....	.....	.....0.0	.....
.....YES.....	3MI(OR).....	I.....	NO.....	34060.....	.09/07/2006	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	2,754	1,270	46.1	.....	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										10,864	7,734	71.2	2	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



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

NAIC Company Code.....61727

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

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.....	3MB(PA).....	B.....	NO.....	...34060.....	.05/12/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,681	1,241	33.7	.....	.....	.....	.....0.0	.....
.....YES.....	3MC(PA).....	C.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT.....	4,788	341	7.1	1	.....	.....	.....0.0	.....
.....YES.....	3MD(PA).....	D.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT.....	39,522	44,256	112.0	10	.....	.....	.....0.0	.....
.....YES.....	3MF(PA).....	F.....	NO.....	...34060.....	.05/12/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	49,401	13,789	27.9	10	.....	.....	.....0.0	.....
.....YES.....	3MG(PA).....	G.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT.....	163,370	74,625	45.7	33	.....	.....	.....0.0	.....
.....YES.....	3MI(PA).....	I.....	NO.....	...34060.....	.08/23/2006	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT.....	13,398	11,176	83.4	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									274,160	145,428	53.0	57	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



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

NAIC Company Code.....61727

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

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.....	3MD.....	D.....	NO.....	...34000.....	.10/09/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	3,942	3,687	93.5	1	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO.....	...34000.....	.10/09/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	23,660	5,741	24.3	5	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.10/09/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	13,610	11,739	86.3	3	.....	.....	.....0.0	.....
.....YES.....	3MH.....	H.....	NO.....	...34000.....	.02/23/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	5,827	14,468	248.3	2	.....	.....	.....0.0	.....
.....YES.....	3MI.....	I.....	NO.....	...34000.....	.05/18/2006	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	65,642	33,600	51.2	18	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34000.....	.02/23/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	126,295	52,008	41.2	34	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									238,976	121,243	50.7	63	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....South Dakota



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

NAIC Company Code.....61727

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

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.....	3MF.....	F.....	NO.....	...34060.....	.11/19/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	13,425	12,297	91.6	3	.....	.....	.....0.0	.....
.....YES.....	3MG(SD).....	G.....	NO.....	...34060.....	.11/19/2003	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	545	1,207	221.5	1	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34060.....	.01/17/2007	.07/25/2009	.....	0.....	MEDICARE SUPPLEMENT.....	3,811	9,236	242.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									17,781	22,740	127.9	5	0	0	0.0	0

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GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MD(TN).....	D.....	NO.....	...34000.....	.12/02/2003	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	1,153	672	58.3	.....	.....	.....	.....0.0	.....
.....YES.....	3ME(TN).....	E.....	NO.....	...34000.....	.08/30/2005	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	6,059	2,489	41.1	2	.....	.....	.....0.0	.....
.....YES.....	3MF(TN).....	F.....	NO.....	...34000.....	.12/02/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	45,495	38,417	84.4	10	.....	.....	.....0.0	.....
.....YES.....	3MG(TN).....	G.....	NO.....	...34000.....	.12/02/2003	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	81,608	57,677	70.7	21	.....	.....	.....0.0	.....
.....YES.....	3MI(TN).....	I.....	NO.....	...34000.....	.07/14/2006	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	7,227	2,067	28.6	2	.....	.....	.....0.0	.....
.....YES.....	3MK(TN).....	F.....	NO.....	...34000.....	.12/02/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	883	(1)	(0.1)	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									142,425	101,321	71.1	36	0	0	0.0	0

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GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MA(TX).....	A.....	NO.....	...34060.....	.12/11/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....17	0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3MC(TX).....	C.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	0.....	MEDICARE SUPPLEMENT.....	4,170	313	7.5	1	.....	.....	.....0.0	.....
.....YES.....	3MD(TX).....	D.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	0.....	MEDICARE SUPPLEMENT.....	21,125	18,710	88.6	4	.....	.....	.....0.0	.....
.....YES.....	3ME(TX).....	E.....	NO.....	...34000.....	.12/30/2005	.07/31/2009	.....	0.....	MEDICARE SUPPLEMENT.....	37,176	15,841	42.6	10	.....	.....	.....0.0	.....
.....YES.....	3MF(TX).....	F.....	NO.....	...34000.....	.12/11/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	264,238	90,513	34.3	41	.....	.....	.....0.0	.....
.....YES.....	3MG(TX).....	G.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	0.....	MEDICARE SUPPLEMENT.....	100,060	61,452	61.4	20	.....	.....	.....0.0	.....
.....YES.....	3MH(TX).....	H.....	NO.....	...34000.....	.02/21/2007	.07/31/2009	.....	0.....	MEDICARE SUPPLEMENT.....	5,664	16,670	294.3	2	.....	.....	.....0.0	.....
.....YES.....	3MI(TX).....	I.....	NO.....	...34000.....	.06/15/2006	.07/31/2009	.....	0.....	MEDICARE SUPPLEMENT.....	10,214	20,339	199.1	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(TX).....	J.....	NO.....	...34000.....	.02/21/2007	.07/31/2009	.....	0.....	MEDICARE SUPPLEMENT.....	75,316	53,337	70.8	21	.....	.....	.....0.0	.....
.....YES.....	3MK(TX).....	F.....	NO.....	...34000.....	.12/11/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,508	(54)	(2.2)	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									520,471	277,138	53.2	104	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

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

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.....	3MC(VA).....	C.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	4,680	1,363	29.1	1	.....	.....	.....0.0	.....
.....YES.....	3MD(VA).....	D.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	21,939	12,116	55.2	6	.....	.....	.....0.0	.....
.....YES.....	3MF(VA).....	F.....	NO.....	...34000.....	.08/05/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	409,066	251,009	61.4	103	.....	.....	.....0.0	.....
.....YES.....	3MG(VA).....	G.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	150,468	91,346	60.7	43	.....	.....	.....0.0	.....
.....YES.....	3MH(VA).....	H.....	NO.....	...34000.....	.06/06/2007	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	106,072	66,982	63.1	35	.....	.....	.....0.0	.....
.....YES.....	3MI(VA).....	I.....	NO.....	...34000.....	.11/07/2006	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	146,293	120,260	82.2	45	.....	.....	.....0.0	.....
.....YES.....	3MJ(VA).....	J.....	NO.....	...34000.....	.06/06/2007	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	634,049	383,516	60.5	183	.....	.....	.....0.0	.....
.....YES.....	3MK(VA).....	F.....	NO.....	...34000.....	.08/05/2004	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,429	131	9.2	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,473,996	926,723	62.9	418	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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia



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

NAIC Company Code.....61727

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

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.....	3ME.....	E.....	NO.....	34000.....	.12/01/2005	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	3,813	1,409	37.0	1	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	34000.....	.11/24/2003	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	7,802	5,507	70.6	1	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO.....	34000.....	.11/24/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,098	13,823	1,258.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									12,713	20,739	163.1	3	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF.....Wyoming



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

NAIC Company Code.....61727

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

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.....	3MF(WY).....	F.....	NO.....	...34000.....	.12/05/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	45,652	35,102	76.9	9	.....	.....	.....0.0	.....
.....YES.....	3MG(WY).....	G.....	NO.....	...34000.....	.12/05/2003	.07/26/2009	.....	0.....	MEDICARE SUPPLEMENT	4,857	2,708	55.8	1	.....	.....	.....0.0	.....
.....YES.....	3MK(WY).....	F.....	NO.....	...34000.....	.12/05/2003	0.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....	.....504	0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									50,509	38,314	75.9	10	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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



SCHEDULE O SUPPLEMENT
For the year ended December 31, 2016
(To Be Filed March 1)

Of The.....CENTRAL RESERVE LIFE INSURANCE COMPANY

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

NAIC Group Code.....0901

NAIC Company Code.....61727

Employer's ID Number.....34-0970995

SUPPLEMENTAL SCHEDULE O - PART 1
Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2012	2 2013	3 2014	4 2015	5 2016 (a)
1. Prior.....	6	6	6	8	7
2. 2012.....	32	34	34	34	34
3. 2013.....	XXX	14	14	14	14
4. 2014.....	XXX	XXX	97	98	98
5. 2015.....	XXX	XXX	XXX	20	20
6. 2016.....	XXX	XXX	XXX	XXX	16

Section B - Other Accident and Health

1. Prior.....	39,544	39,532	39,524	39,522	39,520
2. 2012.....	4,564	5,029	5,030	5,036	5,035
3. 2013.....	XXX	3,976	4,447	4,453	4,451
4. 2014.....	XXX	XXX	3,137	3,438	3,436
5. 2015.....	XXX	XXX	XXX	2,760	3,055
6. 2016.....	XXX	XXX	XXX	XXX	2,324

Section C - Credit Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

(a) See the Annual Audited Financial Reports section of the Annual Statement Instructions.

CENTRAL RESERVE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX	10	
6. 2016.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX		
6. 2016.....	XXX	XXX	XXX	XXX	

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012.....	43	34	34	XXX	XXX
2. 2013.....	XXX	16	24	14	XXX
3. 2014.....	XXX	XXX	97	98	98
4. 2015.....	XXX	XXX	XXX	29	20
5. 2016.....	XXX	XXX	XXX	XXX	27

Section B - Other Accident and Health

1. 2012.....	5,120	5,030	5,030	XXX	XXX
2. 2013.....	XXX	4,437	4,458	4,453	XXX
3. 2014.....	XXX	XXX	3,607	3,441	3,436
4. 2015.....	XXX	XXX	XXX	3,103	3,057
5. 2016.....	XXX	XXX	XXX	XXX	2,603

Section C - Credit Accident and Health

1. 2012.....				XXX	XXX
2. 2013.....	XXX				XXX
3. 2014.....	XXX	XXX			
4. 2015.....	XXX	XXX	XXX		
5. 2016.....	XXX	XXX	XXX	XXX	

NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012.....	43	34	34		
2. 2013.....	XXX	16	24	14	
3. 2014.....	XXX	XXX	97	98	98
4. 2015.....	XXX	XXX	XXX	29	20
5. 2016.....	XXX	XXX	XXX	XXX	27

Section B - Other Accident and Health

1. 2012.....	5,120	5,030	5,030		
2. 2013.....	XXX	4,437	4,458	4,453	
3. 2014.....	XXX	XXX	3,607	3,441	3,436
4. 2015.....	XXX	XXX	XXX	3,113	3,057
5. 2016.....	XXX	XXX	XXX	XXX	2,603

Section C - Credit Accident and Health

1. 2012.....					
2. 2013.....	XXX				
3. 2014.....	XXX	XXX			
4. 2015.....	XXX	XXX	XXX		
5. 2016.....	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....	None.....	
2. Ordinary life.....	Standard Factor.....	
3. Individual annuity.....	None.....	
4. Supplementary contracts.....	None.....	
5. Credit life.....	None.....	
6. Group life.....	None.....	
7. Group annuities.....	None.....	
8. Group accident and health.....	Development.....	10
9. Credit accident and health.....	None.....	
10. Other accident and health.....	Development.....	281
11. Total.....		292

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

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

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

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

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

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

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

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

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

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

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

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

Sch. O - Pt. 4 - Sn. D
NONE

Sch. O - Pt. 4 - Sn. E
NONE

Sch. O - Pt. 4 - Sn. F
NONE

Sch. O - Pt. 4 - Sn. G
NONE

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