



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084
(Current Period) (Prior Period)

NAIC Company Code..... 63312

Employer's ID Number..... 13-1935920

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... December 29, 1961

Commenced Business..... August 13, 1963

Statutory Home Office

301 East Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

301 East Fourth Street..... Cincinnati OH US..... 45202
(Street and Number) (City or Town, State, Country and Zip Code)

513-357-3300
(Area Code) (Telephone Number)

Mail Address

Post Office Box 5420..... Cincinnati OH US 45202
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

301 East Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

513-357-3300
(Area Code) (Telephone Number)

Internet Web Site Address

www.gaig.com

Statutory Statement Contact

Robert Mayhew Earle II
(Name)
rearle@gaig.com
(E-Mail Address)

513-412-1735
(Area Code) (Telephone Number) (Extension)
513-412-1673
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stephen Craig Lindner	President	2. John Paul Gruber #	Secretary
3. Christopher Patrick Miliano	Treasurer	4. Richard Lee Sutton	Appointed Actuary

OTHER

Michael Harrison Haney	Vice President	Adrienne Susan Kessling	Senior Vice President
Mark Francis Muething #	Executive Vice President	Brian Patrick Sponaugle	Vice President

DIRECTORS OR TRUSTEES

Jeffrey Gene Hester	Stephen Craig Lindner	Christopher Patrick Miliano	Mark Francis Muething
Michael James Prager			

State of..... Ohio
County of..... Hamilton

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)
John Paul Gruber

1. (Printed Name)
Secretary

(Title)

(Signature)
Christopher Patrick Miliano

2. (Printed Name)
Treasurer

(Title)

(Signature)
Mark Francis Muething

3. (Printed Name)
Executive Vice President

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	46,572				46,572
2. Annuity considerations.....	1,733,950				1,733,950
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,780,522	0	0	0	1,780,522
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.....	1,381,440		3,507		1,384,947
12. Surrender values and withdrawals for life contracts.....	905,798		12,073		917,871
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.....	2,287,239	0	15,580	0	2,302,819

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.....	53	15,155,446		(a).....	7	70,505			60	15,225,951
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	804,660			(1)	3,074			(11)	807,734
23. In force December 31 of current year.....	43	15,960,106	0	(a).....0	6	73,579	0	0	49	16,033,685

(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....0084 NAIC Company Code....63312

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 ALASKA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	18,749				18,749
2. Annuity considerations.....	1,231,274				1,231,274
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,250,024	0	0	0	1,250,024
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.....	25,000				25,000
10. Matured endowments.....					0
11. Annuity benefits.....	278,450				278,450
12. Surrender values and withdrawals for life contracts.....	1,062,583		7,961		1,070,544
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.....	1,366,033	0	7,961	0	1,373,994

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	25,000							1	25,000
Settled during current year:										
18.1 By payment in full.....	1	25,000							1	25,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	25,000	0	0	0	0	0	0	1	25,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	25,000	0	0	0	0	0	0	1	25,000
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.....	40	7,722,288		(a).....	1				41	7,722,288
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(1,379,334)							(4)	(1,379,334)
23. In force December 31 of current year.....	36	6,342,954	0	(a).....0	1	0	0	0	37	6,342,954

(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.



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	386,304				386,304
2. Annuity considerations.....	105,318,929		2,496		105,321,425
3. Deposit-type contract funds.....	110,540	XXX		XXX	110,540
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	105,815,773	0	2,496	0	105,818,269
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.....	571,000				571,000
10. Matured endowments.....					0
11. Annuity benefits.....	9,751,581		1,675		9,753,256
12. Surrender values and withdrawals for life contracts.....	25,291,334		45,367		25,336,702
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.....	35,613,915	0	47,042	0	35,660,957

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.....	6	571,000							6	571,000
Settled during current year:										
18.1 By payment in full.....	6	571,000							6	571,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	571,000	0	0	0	0	0	0	6	571,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	571,000	0	0	0	0	0	0	6	571,000
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.....	498	121,170,105		(a).....		20,228			498	121,190,333
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(56)	(8,508,071)				201			(56)	(8,507,870)
23. In force December 31 of current year.....	443	112,712,034	0	(a).....0	0	20,429	0	0	443	112,732,463

(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).....	107,935	107,834		66,459	63,975
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).....	107,935	107,834	0	66,459	63,975
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	107,935	107,834	0	66,459	63,975

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	281,111				281,111
2. Annuity considerations.....	19,069,984				19,069,984
3. Deposit-type contract funds.....	37,727	XXX		XXX	37,727
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,388,822	0	0	0	19,388,822
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.....	40,000		135,842		175,842
10. Matured endowments.....					0
11. Annuity benefits.....	3,858,326				3,858,326
12. Surrender values and withdrawals for life contracts.....	7,154,137		3,064		7,157,201
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.....	11,052,463	0	138,906	0	11,191,369

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	4,165			1	4,165
17. Incurred during current year.....	2	40,000			31	137,835			33	177,835
Settled during current year:										
18.1 By payment in full.....	2	40,000			31	135,842			33	175,842
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	40,000	0	0	31	135,842	0	0	33	175,842
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	40,000	0	0	31	135,842	0	0	33	175,842
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	1	6,158	0	0	1	6,158
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	383	75,286,348		(a).....		1,622,172			383	76,908,520
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(27)	(4,803,134)				(120,386)			(27)	(4,923,520)
23. In force December 31 of current year.....	356	70,483,214	0	(a).....0	0	1,501,786	0	0	356	71,985,000

(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).....	4,580	4,586			(67)
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).....	4,580	4,586	0	0	(67)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,580	4,586	0	0	(67)

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	823,982				823,982
2. Annuity considerations.....	45,496,894		105,250		45,602,144
3. Deposit-type contract funds.....	2,975,746	XXX		XXX	2,975,746
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	49,296,621	0	105,250	0	49,401,871
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.....	1,467,911		11,389		1,479,300
10. Matured endowments.....					0
11. Annuity benefits.....	9,231,994		24,810		9,256,804
12. Surrender values and withdrawals for life contracts.....	18,219,578		690,800		18,910,378
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.....	28,919,483	0	727,000	0	29,646,482

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	2,421			1	2,421
17. Incurred during current year.....	9	1,467,911			2	8,968			11	1,476,879
Settled during current year:										
18.1 By payment in full.....	9	1,467,911			3	11,389			12	1,479,300
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	1,467,911	0	0	3	11,389	0	0	12	1,479,300
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	1,467,911	0	0	3	11,389	0	0	12	1,479,300
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.....	1,103	233,633,064		(a).....		23,488			1,103	233,656,552
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(69)	(15,588,852)				(8,099)			(69)	(15,596,951)
23. In force December 31 of current year.....	1,034	218,044,212	0	(a).....0	0	15,389	0	0	1,034	218,059,601

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,001	8,209			(451)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,001	8,209	0	0	(451)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,001	8,209	0	0	(451)

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,072,639				8,072,639
2. Annuity considerations.....	323,064,666		3,308,401		326,373,066
3. Deposit-type contract funds.....	24,858	XXX		XXX	24,858
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	331,162,163	0	3,308,401	0	334,470,564
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.....	10,752,203		12,490		10,764,693
10. Matured endowments.....	65,600				65,600
11. Annuity benefits.....	64,067,633		1,104,890		65,172,523
12. Surrender values and withdrawals for life contracts.....	109,935,031		17,174,200		127,109,231
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.....	184,820,467	0	18,291,580	0	203,112,047

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.....	31	3,427,565			1	5,103			32	3,432,668
17. Incurred during current year.....	74	8,362,720			1	7,387			75	8,370,107
Settled during current year:										
18.1 By payment in full.....	86	10,817,803			2	12,490			88	10,830,293
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	86	10,817,803	0	0	2	12,490	0	0	88	10,830,293
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	86	10,817,803	0	0	2	12,490	0	0	88	10,830,293
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	19	972,482	0	0	0	0	0	0	19	972,482
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10,621	2,446,041,342		(a).....		84,333			10,621	2,446,125,675
21. Issued during year.....	11	465,000							11	465,000
22. Other changes to in force (Net).....	(738)	(158,743,993)				(11,800)			(738)	(158,755,793)
23. In force December 31 of current year.....	9,894	2,287,762,349	0	(a).....0	0	72,533	0	0	9,894	2,287,834,882

(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).....	19,105	16,874		9,582	10,550
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).....	19,105	16,874	0	9,582	10,550
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	19,105	16,874	0	9,582	10,550

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	15,112				15,112
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,112	0	0	0	15,112
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.....	45,054				45,054
12. Surrender values and withdrawals for life contracts.....	21,879				21,879
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.....	66,933	0	0	0	66,933

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 **COLORADO** DURING THE YEAR

NAIC Group Code....0084

NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	453,224				453,224
2. Annuity considerations.....	41,509,690		4,769		41,514,459
3. Deposit-type contract funds.....	285,572	XXX		XXX	285,572
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	42,248,487	0	4,769	0	42,253,255
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.....	711,977		27,509		739,486
10. Matured endowments.....	27,200				27,200
11. Annuity benefits.....	7,514,779		39,926		7,554,706
12. Surrender values and withdrawals for life contracts.....	9,648,582		236,732		9,885,314
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	17,902,539	0	304,167	0	18,206,706

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.....	10	889,177			10	27,614			20	916,791
Settled during current year:										
18.1 By payment in full.....	9	739,177			10	27,614			19	766,791
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	739,177	0	0	10	27,614	0	0	19	766,791
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	739,177	0	0	10	27,614	0	0	19	766,791
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	150,000	0	0	0	0	0	0	1	150,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	611	141,962,133		(a).....		768,412			611	142,730,545
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(67)	(12,332,813)				(23,737)			(67)	(12,356,550)
23. In force December 31 of current year.....	545	129,639,320	0	(a).....0	0	744,675	0	0	545	130,383,995

(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).....	116,964	128,637		101,878	124,296
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).....	116,964	128,637	0	101,878	124,296
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	116,964	128,637	0	101,878	124,296

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



DIRECT BUSINESS IN THE STATE OF **CONNECTICUT** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	611,761		(24,437)		587,324
2. Annuity considerations.....	65,905,022		189,847		66,094,869
3. Deposit-type contract funds.....	346,674	XXX		XXX	346,674
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	66,863,458	0	165,410	0	67,028,868
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.....	924,275		333,955		1,258,230
10. Matured endowments.....	8,215		9,039		17,254
11. Annuity benefits.....	14,543,102		5,716		14,548,818
12. Surrender values and withdrawals for life contracts.....	27,431,296		50,514		27,481,810
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.....	42,906,888	0	399,224	0	43,306,112

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	155,407							6	155,407
17. Incurred during current year.....	14	834,039			57	342,994			71	1,177,033
Settled during current year:										
18.1 By payment in full.....	14	932,489			57	342,994			71	1,275,483
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	932,489	0	0	57	342,994	0	0	71	1,275,483
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	932,489	0	0	57	342,994	0	0	71	1,275,483
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	56,957	0	0	0	0	0	0	6	56,957
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,131	173,067,816		(a).....	1	4,874,417			1,132	177,942,233
21. Issued during year.....	2	110,000							2	110,000
22. Other changes to in force (Net).....	(81)	(12,720,175)				(378,660)			(81)	(13,098,835)
23. In force December 31 of current year.....	1,052	160,457,641	0	(a).....0	1	4,495,757	0	0	1,053	164,953,398

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,084	7,936		28,208	121,212
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,084	7,936	0	28,208	121,212
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,084	7,936	0	28,208	121,212

(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....0084

NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	52,164				52,164
2. Annuity considerations.....	3,869,743		1,000		3,870,743
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,921,907	0	1,000	0	3,922,907
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.....	731,662				731,662
12. Surrender values and withdrawals for life contracts.....	774,316				774,316
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.....	1,505,978	0	0	0	1,505,978

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.....	92	12,260,997		(a).....					92	12,260,997
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(2,766,943)							(11)	(2,766,943)
23. In force December 31 of current year.....	81	9,494,054	0	(a).....0	0	0	0	0	81	9,494,054

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

ACCIDENT AND HEALTH INSURANCE

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



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	100,777				100,777
2. Annuity considerations.....	32,414,751				32,414,751
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	32,515,528	0	0	0	32,515,528
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.....	50,000				50,000
10. Matured endowments.....					0
11. Annuity benefits.....	2,599,826				2,599,826
12. Surrender values and withdrawals for life contracts.....	6,573,484		105,000		6,678,484
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.....	9,223,310	0	105,000	0	9,328,310

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	50,000							1	50,000
Settled during current year:										
18.1 By payment in full.....	1	50,000							1	50,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,000	0	0	0	0	0	0	1	50,000
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.....	126	31,213,931		(a).....					126	31,213,931
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(153,604)							(5)	(153,604)
23. In force December 31 of current year.....	121	31,060,327	0	(a).....0	0	0	0	0	121	31,060,327

(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 **FLORIDA** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,277,193				3,277,193
2. Annuity considerations.....	347,346,836		1,271,636		348,618,471
3. Deposit-type contract funds.....	902,432	XXX		XXX	902,432
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	351,526,460	0	1,271,636	0	352,798,096
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.....	3,057,985		18,657		3,076,642
10. Matured endowments.....	5,000				5,000
11. Annuity benefits.....	42,099,899		140,485		42,240,383
12. Surrender values and withdrawals for life contracts.....	130,486,127		4,633,765		135,119,892
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.....	175,649,011	0	4,792,906	0	180,441,917

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.....	16	776,831							16	776,831
17. Incurred during current year.....	50	3,197,177			4	13,657			54	3,210,834
Settled during current year:										
18.1 By payment in full.....	54	3,068,747			4	13,657			58	3,082,404
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	54	3,068,747	0	0	4	13,657	0	0	58	3,082,404
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	75,000							1	75,000
18.6 Total settlements.....	55	3,143,747	0	0	4	13,657	0	0	59	3,157,404
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	830,260	0	0	0	0	0	0	11	830,260
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,273	901,603,671		(a).....	1	247,427			4,274	901,851,098
21. Issued during year.....	5	(45,000)							5	(45,000)
22. Other changes to in force (Net).....	(366)	(59,857,190)				10,506			(366)	(59,846,684)
23. In force December 31 of current year.....	3,912	841,701,481	0	(a).....0	1	257,933	0	0	3,913	841,959,414

(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).....	432,450	439,138		290,996	280,091
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).....	432,450	439,138	0	290,996	280,091
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	432,450	439,138	0	290,996	280,091

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



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,431,438				1,431,438
2. Annuity considerations.....	90,298,904		150		90,299,054
3. Deposit-type contract funds.....	152,434	XXX		XXX	152,434
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	91,882,776	0	150	0	91,882,926
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.....	1,899,508		13,188		1,912,696
10. Matured endowments.....					0
11. Annuity benefits.....	12,042,510		33,871		12,076,381
12. Surrender values and withdrawals for life contracts.....	29,713,939		262,270		29,976,209
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.....	43,655,957	0	309,329	0	43,965,286

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	111,000							2	111,000
17. Incurred during current year.....	19	1,989,508			2	13,188			21	2,002,696
Settled during current year:										
18.1 By payment in full.....	20	1,999,508			2	13,188			22	2,012,696
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	20	1,999,508	0	0	2	13,188	0	0	22	2,012,696
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	20	1,999,508	0	0	2	13,188	0	0	22	2,012,696
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	101,000	0	0	0	0	0	0	1	101,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,979	381,197,947		(a).....		148,379			1,979	381,346,326
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(144)	(29,289,913)				(11,590)			(144)	(29,301,503)
23. In force December 31 of current year.....	1,835	351,908,034	0	(a).....0	0	136,789	0	0	1,835	352,044,823

(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).....	126,315	130,362		12,710	4,088
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).....	126,315	130,362	0	12,710	4,088
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	126,315	130,362	0	12,710	4,088

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	40,406,283		(26,430)		40,379,853
2. Annuity considerations.....	4,208,855,050		13,450,690		4,222,305,739
3. Deposit-type contract funds.....	19,093,895	XXX		XXX	19,093,895
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,268,355,227	0	13,424,260	0	4,281,779,487
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	52,333,904		1,580,012		53,913,916
10. Matured endowments.....	300,093		16,944		317,037
11. Annuity benefits.....	592,804,657		4,455,486		597,260,143
12. Surrender values and withdrawals for life contracts.....	1,315,216,524		52,323,251		1,367,539,775
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.....	1,960,655,178	0	58,375,693	0	2,019,030,871

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.....	154	8,840,658			13	51,731			167	8,892,389
17. Incurred during current year.....	936	50,535,670			275	1,587,046			1,211	52,122,716
Settled during current year:										
18.1 By payment in full.....	960	52,643,728			278	1,587,225			1,238	54,230,953
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	960	52,643,728	0	0	278	1,587,225	0	0	1,238	54,230,953
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	87,500							1	87,500
18.6 Total settlements.....	961	52,731,228	0	0	278	1,587,225	0	0	1,239	54,318,453
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	129	6,645,101	0	0	10	51,552	0	0	139	6,696,653
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	60,406	11,621,218,691		(a).....	14	20,772,113			60,420	11,641,990,804
21. Issued during year.....	48	1,448,000							48	1,448,000
22. Other changes to in force (Net).....	(4,447)	(748,712,520)			(1)	(1,430,649)			(4,448)	(750,143,169)
23. In force December 31 of current year.....	56,007	10,873,954,171	0	(a).....0	13	19,341,464	0	0	56,020	10,893,295,635

(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).....	75,638	74,577			(3,292)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,410,784	7,657,916		4,833,787	4,666,279
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,410,784	7,657,916	0	4,833,787	4,666,279
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,486,422	7,732,493	0	4,833,787	4,662,986

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	133,602				133,602
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	133,602	0	0	0	133,602
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.....	49,450				49,450
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.....	49,450	0	0	0	49,450

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	50,000							1	50,000
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	177	32,851,024		(a).....					177	32,851,024
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(1,702,266)							(8)	(1,702,266)
23. In force December 31 of current year.....	169	31,148,758	0	(a).....0	0	0	0	0	169	31,148,758

(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.



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	343,974				343,974
2. Annuity considerations.....	19,754,734		60,111		19,814,845
3. Deposit-type contract funds.....	174,131	XXX		XXX	174,131
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,272,839	0	60,111	0	20,332,950
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.....	2,058,888		26,500		2,085,388
12. Surrender values and withdrawals for life contracts.....	3,642,167		1,375,288		5,017,455
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,701,055	0	1,401,788	0	7,102,842

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	97,627							1	97,627
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	97,627	0	0	0	0	0	0	1	97,627
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	445	66,811,238		(a).....					445	66,811,238
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(17)	(3,625,405)							(17)	(3,625,405)
23. In force December 31 of current year.....	429	63,235,833	0	(a).....0	0	0	0	0	429	63,235,833

(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 IOWA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	215,514				215,514
2. Annuity considerations.....	40,630,447		500		40,630,947
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	40,845,961	0	500	0	40,846,461
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.....	129,858				129,858
10. Matured endowments.....					0
11. Annuity benefits.....	7,473,996		103,961		7,577,957
12. Surrender values and withdrawals for life contracts.....	11,407,815		232,315		11,640,130
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.....	19,011,669	0	336,276	0	19,347,945

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	10,729							1	10,729
17. Incurred during current year.....	8	230,858							8	230,858
Settled during current year:										
18.1 By payment in full.....	7	129,858							7	129,858
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	129,858	0	0	0	0	0	0	7	129,858
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	129,858	0	0	0	0	0	0	7	129,858
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	111,729	0	0	0	0	0	0	2	111,729
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	309	43,284,518		(a).....		1,875			309	43,286,393
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(24)	(2,494,118)				18			(24)	(2,494,100)
23. In force December 31 of current year.....	285	40,790,400	0	(a).....0	0	1,893	0	0	285	40,792,293

(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).....	225,555	231,015		147,220	139,664
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).....	225,555	231,015	0	147,220	139,664
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	225,555	231,015	0	147,220	139,664

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	167,178				167,178
2. Annuity considerations.....	21,959,544		16,280		21,975,824
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	22,126,722	0	16,280	0	22,143,002
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.....	150,000				150,000
10. Matured endowments.....					0
11. Annuity benefits.....	4,044,646		48,066		4,092,712
12. Surrender values and withdrawals for life contracts.....	7,902,608		251,728		8,154,336
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.....	12,097,254	0	299,794	0	12,397,048

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	225,000							2	225,000
17. Incurred during current year.....	3	200,000							3	200,000
Settled during current year:										
18.1 By payment in full.....	3	150,000							3	150,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	150,000	0	0	0	0	0	0	3	150,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	150,000	0	0	0	0	0	0	3	150,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	275,000	0	0	0	0	0	0	2	275,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	231	54,083,279		(a).....					231	54,083,279
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(16)	(2,949,724)							(16)	(2,949,724)
23. In force December 31 of current year.....	215	51,133,555	0	(a).....0	0	0	0	0	215	51,133,555

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,645	6,634		133	346
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,645	6,634	0	133	346
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,645	6,634	0	133	346

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,443,863				1,443,863
2. Annuity considerations.....	125,374,081		175,141		125,549,222
3. Deposit-type contract funds.....	99,042	XXX		XXX	99,042
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	126,916,987	0	175,141	0	127,092,128
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.....	936,227				936,227
10. Matured endowments.....					0
11. Annuity benefits.....	19,799,872		48,675		19,848,547
12. Surrender values and withdrawals for life contracts.....	43,747,942		336,392		44,084,334
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.....	64,484,041	0	385,067	0	64,869,108

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	100,000							1	100,000
17. Incurred during current year.....	12	836,243							12	836,243
Settled during current year:										
18.1 By payment in full.....	12	936,227							12	936,227
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	936,227	0	0	0	0	0	0	12	936,227
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	936,227	0	0	0	0	0	0	12	936,227
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	16	0	0	0	0	0	0	1	16
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,556	468,844,047		(a).....	1	4,299			1,557	468,848,346
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	(100)	(24,618,778)				18			(100)	(24,618,760)
23. In force December 31 of current year.....	1,457	444,240,269	0	(a).....0	1	4,317	0	0	1,458	444,244,586

(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).....	1,404	1,404			(65)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	156,936	158,989		118,143	45,757
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	156,936	158,989	0	118,143	45,757
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	158,340	160,392	0	118,143	45,693

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	381,734				381,734
2. Annuity considerations.....	122,260,426		26,352		122,286,778
3. Deposit-type contract funds.....	118,038	XXX		XXX	118,038
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	122,760,198	0	26,352	0	122,786,550
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.....	286,000				286,000
10. Matured endowments.....					0
11. Annuity benefits.....	16,114,441		172,939		16,287,380
12. Surrender values and withdrawals for life contracts.....	29,111,225		624,241		29,735,466
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.....	45,511,667	0	797,180	0	46,308,847

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	287,320							5	287,320
Settled during current year:										
18.1 By payment in full.....	4	286,000							4	286,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	286,000	0	0	0	0	0	0	4	286,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	286,000	0	0	0	0	0	0	4	286,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,320	0	0	0	0	0	0	1	1,320
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	615	126,556,617		(a).....	1	2,972			616	126,559,589
21. Issued during year.....	1	100,000							1	100,000
22. Other changes to in force (Net).....	(54)	(9,917,789)				29			(54)	(9,917,760)
23. In force December 31 of current year.....	562	116,738,828	0	(a).....0	1	3,001	0	0	563	116,741,829

(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).....	242,928	245,533		253,666	247,986
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).....	242,928	245,533	0	253,666	247,986
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	242,928	245,533	0	253,666	247,986

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



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	281,161				281,161
2. Annuity considerations.....	30,565,015				30,565,015
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	30,846,176	0	0	0	30,846,176
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.....	554,000				554,000
10. Matured endowments.....					0
11. Annuity benefits.....	3,124,111				3,124,111
12. Surrender values and withdrawals for life contracts.....	6,727,343		38,724		6,766,067
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.....	10,405,454	0	38,724	0	10,444,178

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	500,000							1	500,000
17. Incurred during current year.....	4	64,128							4	64,128
Settled during current year:										
18.1 By payment in full.....	3	554,000							3	554,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	554,000	0	0	0	0	0	0	3	554,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	554,000	0	0	0	0	0	0	3	554,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	10,128	0	0	0	0	0	0	2	10,128
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	357	83,600,894		(a).....					357	83,600,894
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(31)	(5,754,004)							(31)	(5,754,004)
23. In force December 31 of current year.....	326	77,846,890	0	(a).....0	0	0	0	0	326	77,846,890

(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).....	284,675	293,140		263,194	252,265
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).....	284,675	293,140	0	263,194	252,265
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	284,675	293,140	0	263,194	252,265

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	331,088				331,088
2. Annuity considerations.....	58,656,206		49,079		58,705,285
3. Deposit-type contract funds.....	326,836	XXX		XXX	326,836
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	59,314,130	0	49,079	0	59,363,209
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.....	1,559,556				1,559,556
10. Matured endowments.....					0
11. Annuity benefits.....	8,433,428		185,991		8,619,419
12. Surrender values and withdrawals for life contracts.....	26,696,816		346,852		27,043,667
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.....	36,689,799	0	532,843	0	37,222,643

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	7,556							1	7,556
17. Incurred during current year.....	10	1,660,500							10	1,660,500
Settled during current year:										
18.1 By payment in full.....	7	1,559,556							7	1,559,556
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	1,559,556	0	0	0	0	0	0	7	1,559,556
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	1,559,556	0	0	0	0	0	0	7	1,559,556
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	108,500	0	0	0	0	0	0	4	108,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	527	107,888,666		(a).....		20,509			527	107,909,175
21. Issued during year.....	3	45,000							3	45,000
22. Other changes to in force (Net).....	(47)	(11,440,988)				207			(47)	(11,440,781)
23. In force December 31 of current year.....	483	96,492,678	0	(a).....0	0	20,716	0	0	483	96,513,394

(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).....	619,058	627,868		512,951	489,861
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).....	619,058	627,868	0	512,951	489,861
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	619,058	627,868	0	512,951	489,861

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	407,837				407,837
2. Annuity considerations.....	118,157,730		3,000		118,160,730
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	118,565,567	0	3,000	0	118,568,567
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.....	198,822		224,504		423,326
10. Matured endowments.....					0
11. Annuity benefits.....	9,171,415		35,663		9,207,078
12. Surrender values and withdrawals for life contracts.....	23,903,689		37,090		23,940,779
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	33,273,925	0	297,257	0	33,571,182

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	50,000			2	8,077			3	58,077
17. Incurred during current year.....	7	198,822			37	224,467			44	423,289
Settled during current year:										
18.1 By payment in full.....	7	198,822			37	224,504			44	423,326
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	198,822	0	0	37	224,504	0	0	44	423,326
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	198,822	0	0	37	224,504	0	0	44	423,326
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	2	8,040	0	0	3	58,040
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	652	114,384,226		(a).....		3,116,872			652	117,501,098
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(47)	(5,380,200)				(200,944)			(47)	(5,581,144)
23. In force December 31 of current year.....	605	109,004,026	0	(a).....0	0	2,915,928	0	0	605	111,919,954

(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).....	2,375	2,375		2,121	2,082
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).....	2,375	2,375	0	2,121	2,082
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,375	2,375	0	2,121	2,082

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	825,273		(1,993)		823,280
2. Annuity considerations.....	69,786,933		2,837,799		72,624,732
3. Deposit-type contract funds.....	5,530,877	XXX		XXX	5,530,877
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	76,143,083	0	2,835,806	0	78,978,889
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.....	830,690		108,736		939,426
10. Matured endowments.....	14,700				14,700
11. Annuity benefits.....	18,536,433		163,501		18,699,934
12. Surrender values and withdrawals for life contracts.....	24,279,476		4,688,948		28,968,424
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.....	43,661,298	0	4,961,186	0	48,622,484

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	7,280							1	7,280
17. Incurred during current year.....	4	838,110			16	108,736			20	946,846
Settled during current year:										
18.1 By payment in full.....	5	845,390			16	108,736			21	954,126
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	845,390	0	0	16	108,736	0	0	21	954,126
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	845,390	0	0	16	108,736	0	0	21	954,126
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.....	1,044	219,814,672		(a).....		889,366			1,044	220,704,038
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(64)	(11,445,534)				(102,764)			(64)	(11,548,298)
23. In force December 31 of current year.....	980	208,369,138	0	(a).....0	0	786,602	0	0	980	209,155,740

(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).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,908	7,907		2,113	2,038
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,908	7,907	0	2,113	2,038
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,908	7,907	0	2,113	2,038

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



DIRECT BUSINESS IN THE STATE OF **MARYLAND** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,080,687				1,080,687
2. Annuity considerations.....	66,681,653				66,681,653
3. Deposit-type contract funds.....	265,570	XXX		XXX	265,570
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	68,027,911	0	0	0	68,027,911
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.....	1,183,043		1,088		1,184,130
10. Matured endowments.....	20,000				20,000
11. Annuity benefits.....	9,631,892				9,631,892
12. Surrender values and withdrawals for life contracts.....	19,099,519		156,410		19,255,929
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.....	29,934,455	0	157,497	0	30,091,952

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.....	7	252,452							7	252,452
17. Incurred during current year.....	12	1,059,149							12	1,059,149
Settled during current year:										
18.1 By payment in full.....	15	1,204,130							15	1,204,130
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	1,204,130	0	0	0	0	0	0	15	1,204,130
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	15	1,204,130	0	0	0	0	0	0	15	1,204,130
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	107,471	0	0	0	0	0	0	4	107,471
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,368	320,022,098		(a).....		2,285			1,368	320,024,383
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(92)	(20,865,138)							(92)	(20,865,138)
23. In force December 31 of current year.....	1,276	299,156,960	0	(a).....0	0	2,285	0	(a).....0	1,276	299,159,245

(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 MAINE DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	167,032				167,032
2. Annuity considerations.....	17,823,771		441,207		18,264,978
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	17,990,804	0	441,207	0	18,432,010
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.....	7,000				7,000
10. Matured endowments.....					0
11. Annuity benefits.....	2,279,533		11,078		2,290,611
12. Surrender values and withdrawals for life contracts.....	3,611,220		802,036		4,413,256
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,897,753	0	813,114	0	6,710,867

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	93							1	93
17. Incurred during current year.....	2	7,000							2	7,000
Settled during current year:										
18.1 By payment in full.....	2	7,000							2	7,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	7,000	0	0	0	0	0	0	2	7,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	7,000	0	0	0	0	0	0	2	7,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	93	0	0	0	0	0	0	1	93
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	342	56,750,094		(a).....		39,238			342	56,789,332
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(3,138,137)				10,697			(25)	(3,127,440)
23. In force December 31 of current year.....	317	53,611,957	0	(a).....0	0	49,935	0	0	317	53,661,892

(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).....	8,765	8,575		348	236
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).....	8,765	8,575	0	348	236
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,765	8,575	0	348	236

(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 MICHIGAN DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	560,839				560,839
2. Annuity considerations.....	168,856,853		96,886		168,953,738
3. Deposit-type contract funds.....	800,504	XXX		XXX	800,504
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	170,218,196	0	96,886	0	170,315,082
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.....	247,083				247,083
10. Matured endowments.....	8,000				8,000
11. Annuity benefits.....	33,264,807		93,221		33,358,028
12. Surrender values and withdrawals for life contracts.....	81,683,190		2,568,523		84,251,713
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.....	115,203,079	0	2,661,744	0	117,864,824

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	17,083							1	17,083
17. Incurred during current year.....	9	238,000							9	238,000
Settled during current year:										
18.1 By payment in full.....	10	255,083							10	255,083
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	255,083	0	0	0	0	0	0	10	255,083
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	255,083	0	0	0	0	0	0	10	255,083
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.....	608	130,472,634		(a).....	1	3,336			609	130,475,970
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(49)	(10,008,144)				34			(49)	(10,008,110)
23. In force December 31 of current year.....	559	120,464,490	0	(a).....0	1	3,370	0	0	560	120,467,860

(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).....	16,182	16,182		4,327	1,455
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).....	16,182	16,182	0	4,327	1,455
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,182	16,182	0	4,327	1,455

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	560,968				560,968
2. Annuity considerations.....	74,969,135		25,140		74,994,275
3. Deposit-type contract funds.....	130,746	XXX		XXX	130,746
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	75,660,849	0	25,140	0	75,685,989
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.....	295,946				295,946
10. Matured endowments.....	9,630				9,630
11. Annuity benefits.....	11,754,341		25,828		11,780,169
12. Surrender values and withdrawals for life contracts.....	27,335,218		200,901		27,536,118
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.....	39,395,134	0	226,729	0	39,621,863

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	11,434							1	11,434
17. Incurred during current year.....	16	312,580							16	312,580
Settled during current year:										
18.1 By payment in full.....	14	305,575							14	305,575
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	305,575	0	0	0	0	0	0	14	305,575
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	305,575	0	0	0	0	0	0	14	305,575
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	18,439	0	0	0	0	0	0	3	18,439
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	835	147,421,196		(a).....					835	147,421,196
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(57)	(7,195,392)							(57)	(7,195,392)
23. In force December 31 of current year.....	779	140,275,804	0	(a).....0	0	0	0	0	779	140,275,804

(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).....	257	257			(9)
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).....	923	930		1,022	797
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).....	923	930	0	1,022	797
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,180	1,187	0	1,022	788

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	558,520				558,520
2. Annuity considerations.....	356,466,685		7,341		356,474,026
3. Deposit-type contract funds.....	344,451	XXX		XXX	344,451
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	357,369,656	0	7,341	0	357,376,997
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.....	620,000		49,086		669,086
10. Matured endowments.....					0
11. Annuity benefits.....	15,005,863		14,949		15,020,812
12. Surrender values and withdrawals for life contracts.....	32,235,787		103,087		32,338,874
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.....	47,861,650	0	167,122	0	48,028,772

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	116,000							1	116,000
17. Incurred during current year.....	9	554,092			9	49,086			18	603,178
Settled during current year:										
18.1 By payment in full.....	8	620,000			9	49,086			17	669,086
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	620,000	0	0	9	49,086	0	0	17	669,086
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	620,000	0	0	9	49,086	0	0	17	669,086
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	50,092	0	0	0	0	0	0	2	50,092
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	782	158,422,417		(a).....		195,372			782	158,617,789
21. Issued during year.....	2	266,000							2	266,000
22. Other changes to in force (Net).....	(44)	(6,964,163)				(47,054)			(44)	(7,011,217)
23. In force December 31 of current year.....	740	151,724,254	0	(a).....0	0	148,318	0	0	740	151,872,572

(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).....	1,320	1,320			(61)
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).....	270,267	275,866		110,361	102,819
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).....	270,267	275,866	0	110,361	102,819
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	271,587	277,186	0	110,361	102,758

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	263,384				263,384
2. Annuity considerations.....	22,630,598		11,723		22,642,320
3. Deposit-type contract funds.....	80,640	XXX		XXX	80,640
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	22,974,622	0	11,723	0	22,986,344
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.....	4,803,318		32,870		4,836,187
12. Surrender values and withdrawals for life contracts.....	11,408,092		172,017		11,580,109
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.....	16,211,410	0	204,887	0	16,416,296

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.....	377	77,277,473		(a).....		52,537			377	77,330,010
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	(42)	(6,734,547)				(16,713)			(42)	(6,751,260)
23. In force December 31 of current year.....	336	70,557,926	0	(a).....0	0	35,824	0	0	336	70,593,750

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,344	11,362		7,781	7,086
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,344	11,362	0	7,781	7,086
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,344	11,362	0	7,781	7,086

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



DIRECT BUSINESS IN THE STATE OF **MONTANA** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	23,847				23,847
2. Annuity considerations.....	3,869,370		3,590		3,872,960
3. Deposit-type contract funds.....	495,958	XXX		XXX	495,958
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,389,174	0	3,590	0	4,392,764
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.....	2,113				2,113
10. Matured endowments.....					0
11. Annuity benefits.....	2,278,529				2,278,529
12. Surrender values and withdrawals for life contracts.....	3,158,948		8,694		3,167,643
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,439,590	0	8,694	0	5,448,285

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.....		2,113							0	2,113
Settled during current year:										
18.1 By payment in full.....		2,113							0	2,113
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	2,113	0	0	0	0	0	0	0	2,113
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	2,113	0	0	0	0	0	0	0	2,113
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.....	46	8,149,116		(a).....		9,166			46	8,158,282
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(788,379)				91			(3)	(788,288)
23. In force December 31 of current year.....	43	7,360,737	0	(a).....0	0	9,257	0	0	43	7,369,994

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,987	7,088			(300)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,987	7,088	0	0	(300)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,987	7,088	0	0	(300)

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,579,044				1,579,044
2. Annuity considerations.....	168,302,897		138,015		168,440,912
3. Deposit-type contract funds.....	245,610	XXX		XXX	245,610
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	170,127,551	0	138,015	0	170,265,567
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.....	2,983,288		11,702		2,994,990
10. Matured endowments.....	6,020				6,020
11. Annuity benefits.....	20,261,364		47,333		20,308,697
12. Surrender values and withdrawals for life contracts.....	51,637,245		1,564,431		53,201,676
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.....	74,887,916	0	1,623,466	0	76,511,382

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	254,233							12	254,233
17. Incurred during current year.....	146	2,816,783			3	11,702			149	2,828,485
Settled during current year:										
18.1 By payment in full.....	149	2,889,313			3	11,702			152	2,901,015
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	149	2,889,313	0	0	3	11,702	0	0	152	2,901,015
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	149	2,889,313	0	0	3	11,702	0	0	152	2,901,015
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	181,703	0	0	0	0	0	0	9	181,703
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,775	421,929,333		(a).....		39,447			3,775	421,968,780
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(279)	(25,350,230)				(11,370)			(279)	(25,361,600)
23. In force December 31 of current year.....	3,496	396,579,103	0	(a).....0	0	28,077	0	0	3,496	396,607,180

(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).....	1,267	1,267			(58)
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).....	1,625,977	1,688,771		754,763	650,609
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).....	1,625,977	1,688,771	0	754,763	650,609
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,627,244	1,690,038	0	754,763	650,550

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	62,560				62,560
2. Annuity considerations.....	17,665,669				17,665,669
3. Deposit-type contract funds.....	87,639	XXX		XXX	87,639
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	17,815,867	0	0	0	17,815,867
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.....	101,000				101,000
10. Matured endowments.....	14,800				14,800
11. Annuity benefits.....	620,080		5,338		625,418
12. Surrender values and withdrawals for life contracts.....	1,347,447		22,328		1,369,776
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.....	2,083,327	0	27,666	0	2,110,994

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	115,800							1	115,800
Settled during current year:										
18.1 By payment in full.....	1	115,800							1	115,800
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	115,800	0	0	0	0	0	0	1	115,800
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	115,800	0	0	0	0	0	0	1	115,800
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.....	68	18,390,542	(a)						68	18,390,542
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(2,132,430)							(6)	(2,132,430)
23. In force December 31 of current year.....	62	16,258,112	0	(a)	0	0	0	0	62	16,258,112

(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 NEBRASKA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	231,489				231,489
2. Annuity considerations.....	11,940,548				11,940,548
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,172,037	0	0	0	12,172,037
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.....	1,841,500				1,841,500
10. Matured endowments.....					0
11. Annuity benefits.....	2,664,228		1,722		2,665,950
12. Surrender values and withdrawals for life contracts.....	4,433,516		121,306		4,554,822
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,939,244	0	123,028	0	9,062,272

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	1,841,500							4	1,841,500
Settled during current year:										
18.1 By payment in full.....	4	1,841,500							4	1,841,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	1,841,500	0	0	0	0	0	0	4	1,841,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	1,841,500	0	0	0	0	0	0	4	1,841,500
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.....	210	56,355,837		(a).....					210	56,355,837
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(3,163,093)				7,666			(15)	(3,155,427)
23. In force December 31 of current year.....	195	53,192,744	0	(a).....0	0	7,666	0	0	195	53,200,410

(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).....	113,238	112,328		100,112	99,999
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).....	113,238	112,328	0	100,112	99,999
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	113,238	112,328	0	100,112	99,999

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	112,197				112,197
2. Annuity considerations.....	23,945,244		87,623		24,032,867
3. Deposit-type contract funds.....	896,587	XXX		XXX	896,587
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,954,028	0	87,623	0	25,041,651
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.....	5,451				5,451
10. Matured endowments.....					0
11. Annuity benefits.....	5,293,381		50,790		5,344,171
12. Surrender values and withdrawals for life contracts.....	8,123,236		103,021		8,226,258
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	13,422,068	0	153,811	0	13,575,880

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	2,500							1	2,500
17. Incurred during current year.....	1	2,951							1	2,951
Settled during current year:										
18.1 By payment in full.....	2	5,451							2	5,451
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	5,451	0	0	0	0	0	0	2	5,451
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,451	0	0	0	0	0	0	2	5,451
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.....	198	36,755,484		(a).....		23,777			198	36,779,261
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(14)	(2,205,058)				238			(14)	(2,204,820)
23. In force December 31 of current year.....	184	34,550,426	0	(a).....0	0	24,015	0	0	184	34,574,441

(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).....	86,163	96,517		69,305	43,882
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).....	86,163	96,517	0	69,305	43,882
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	86,163	96,517	0	69,305	43,882

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



DIRECT BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,188,255				1,188,255
2. Annuity considerations.....	192,985,831		1,152,084		194,137,915
3. Deposit-type contract funds.....	350,250	XXX		XXX	350,250
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	194,524,335	0	1,152,084	0	195,676,420
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.....	2,258,706				2,258,706
10. Matured endowments.....					0
11. Annuity benefits.....	14,626,840		77,675		14,704,516
12. Surrender values and withdrawals for life contracts.....	54,105,285		1,699,027		55,804,312
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.....	70,990,832	0	1,776,702	0	72,767,533

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.....	5	498,975							5	498,975
17. Incurred during current year.....	23	1,836,492							23	1,836,492
Settled during current year:										
18.1 By payment in full.....	20	2,258,706							20	2,258,706
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	20	2,258,706	0	0	0	0	0	0	20	2,258,706
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....		12,500							0	12,500
18.6 Total settlements.....	20	2,271,206	0	0	0	0	0	0	20	2,271,206
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	64,261	0	0	0	0	0	0	8	64,261
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,715	308,575,724		(a).....	1	146,487			1,716	308,722,210
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	(135)	(22,011,500)				(36,498)			(135)	(22,047,998)
23. In force December 31 of current year.....	1,581	286,579,224	0	(a).....0	1	109,989	0	0	1,582	286,689,212

(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).....					
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).....	17,177	17,180		844	970
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).....	17,177	17,180	0	844	970
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	17,177	17,180	0	844	970

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



DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	313,170				313,170
2. Annuity considerations.....	11,005,786		17,917		11,023,703
3. Deposit-type contract funds.....	800,972	XXX		XXX	800,972
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,119,928	0	17,917	0	12,137,845
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.....	456,866				456,866
10. Matured endowments.....					0
11. Annuity benefits.....	1,533,059		4,144		1,537,203
12. Surrender values and withdrawals for life contracts.....	3,759,446		87,544		3,846,989
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,749,371	0	91,688	0	5,841,058

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.....	6	506,866							6	506,866
Settled during current year:										
18.1 By payment in full.....	5	456,866							5	456,866
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	456,866	0	0	0	0	0	0	5	456,866
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	456,866	0	0	0	0	0	0	5	456,866
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	368	93,633,518		(a).....		3,493			368	93,637,011
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(29)	(9,471,703)				34			(29)	(9,471,669)
23. In force December 31 of current year.....	339	84,161,815	0	(a).....0	0	3,527	0	(a).....0	339	84,165,342

(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 NEVADA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	510,238				510,238
2. Annuity considerations.....	24,351,222		26,670		24,377,892
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,861,461	0	26,670	0	24,888,131
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	912,720				912,720
10. Matured endowments.....	24,600				24,600
11. Annuity benefits.....	3,513,660		14,648		3,528,307
12. Surrender values and withdrawals for life contracts.....	4,824,793		788,424		5,613,217
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.....	9,275,773	0	803,072	0	10,078,844

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.....	7	937,320							7	937,320
Settled during current year:										
18.1 By payment in full.....	7	937,320							7	937,320
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	937,320	0	0	0	0	0	0	7	937,320
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	937,320	0	0	0	0	0	0	7	937,320
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.....	673	144,693,455		(a).....		234			673	144,693,689
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	(37)	(8,593,086)							(37)	(8,593,086)
23. In force December 31 of current year.....	637	136,115,369	0	(a).....0	0	234	0	0	637	136,115,603

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,083	11,171		5,411	5,369
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,083	11,171	0	5,411	5,369
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,083	11,171	0	5,411	5,369

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	331,650				331,650
2. Annuity considerations.....	16,942,823		32,800		16,975,623
3. Deposit-type contract funds.....	84,149	XXX		XXX	84,149
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	17,358,622	0	32,800	0	17,391,422
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.....	60,000		9,682		69,682
10. Matured endowments.....					0
11. Annuity benefits.....	5,563,232		81,588		5,644,820
12. Surrender values and withdrawals for life contracts.....	4,930,439		70,779		5,001,217
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.....	10,553,671	0	162,049	0	10,715,719

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.....	3	65,283			3	8,920			6	74,203
Settled during current year:										
18.1 By payment in full.....	2	60,000			3	8,920			5	68,920
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	60,000	0	0	3	8,920	0	0	5	68,920
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	60,000	0	0	3	8,920	0	0	5	68,920
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,283	0	0	0	0	0	0	1	5,283
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	259	62,983,355		(a).....		89,851			259	63,073,206
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(19)	(3,076,384)				(8,045)			(19)	(3,084,429)
23. In force December 31 of current year.....	240	59,906,971	0	(a).....0	0	81,806	0	0	240	59,988,777

(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).....	2,257	10,021		98,425	378,933
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).....	2,257	10,021	0	98,425	378,933
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,257	10,021	0	98,425	378,933

(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 THE STATE OF OHIO DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	903,081				903,081
2. Annuity considerations.....	204,666,911		963,312		205,630,222
3. Deposit-type contract funds.....	346,164	XXX		XXX	346,164
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	205,916,156	0	963,312	0	206,879,467
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.....	1,283,940				1,283,940
10. Matured endowments.....	2,900				2,900
11. Annuity benefits.....	34,432,508		400,977		34,833,485
12. Surrender values and withdrawals for life contracts.....	78,532,775		3,073,440		81,606,215
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.....	114,252,123	0	3,474,417	0	117,726,540

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	3,440							2	3,440
17. Incurred during current year.....	16	1,289,568							16	1,289,568
Settled during current year:										
18.1 By payment in full.....	16	1,286,840							16	1,286,840
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	1,286,840	0	0	0	0	0	0	16	1,286,840
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	1,286,840	0	0	0	0	0	0	16	1,286,840
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	6,168	0	0	0	0	0	0	2	6,168
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,302	268,741,267		(a).....		4,782			1,302	268,746,049
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(98)	(19,585,780)				45			(98)	(19,585,735)
23. In force December 31 of current year.....	1,204	249,155,487	0	(a).....0	0	4,827	0	0	1,204	249,160,314

(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).....	380	365			(7)
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).....	87,716	90,400		51,882	50,521
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).....	87,716	90,400	0	51,882	50,521
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	88,096	90,765	0	51,882	50,514

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	788,254				788,254
2. Annuity considerations.....	11,739,094		53,815		11,792,908
3. Deposit-type contract funds.....	122,686	XXX		XXX	122,686
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,650,033	0	53,815	0	12,703,848
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.....	1,752,426		6,190		1,758,616
10. Matured endowments.....					0
11. Annuity benefits.....	4,883,903		25,135		4,909,038
12. Surrender values and withdrawals for life contracts.....	8,032,038		179,214		8,211,253
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.....	14,668,367	0	210,540	0	14,878,907

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.....	4	465,726							4	465,726
17. Incurred during current year.....	10	1,307,900			2	6,190			12	1,314,090
Settled during current year:										
18.1 By payment in full.....	12	1,752,426			2	6,190			14	1,758,616
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	1,752,426	0	0	2	6,190	0	0	14	1,758,616
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	1,752,426	0	0	2	6,190	0	0	14	1,758,616
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	21,200	0	0	0	0	0	0	2	21,200
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,167	209,693,412		(a).....		161,067			1,167	209,854,479
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(85)	(16,248,761)				(4,608)			(85)	(16,253,369)
23. In force December 31 of current year.....	1,083	193,454,651	0	(a).....0	0	156,459	0	0	1,083	193,611,110

(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).....	216,982	216,492		186,762	180,468
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).....	216,982	216,492	0	186,762	180,468
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	216,982	216,492	0	186,762	180,468

(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....0084

NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	205,950				205,950
2. Annuity considerations.....	56,734,332		3,200		56,737,532
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	56,940,282	0	3,200	0	56,943,482
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.....	866,565				866,565
10. Matured endowments.....	13,718				13,718
11. Annuity benefits.....	8,533,139		136,785		8,669,925
12. Surrender values and withdrawals for life contracts.....	22,415,029		599,904		23,014,934
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.....	31,828,451	0	736,690	0	32,565,141

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.....	21	107,913							21	107,913
17. Incurred during current year.....	277	798,952							277	798,952
Settled during current year:										
18.1 By payment in full.....	284	880,279							284	880,279
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	284	880,279	0	0	0	0	0	0	284	880,279
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	284	880,279	0	0	0	0	0	0	284	880,279
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	14	26,586	0	0	0	0	0	0	14	26,586
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,936	68,377,040		(a).....		13,842			4,936	68,390,882
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(336)	(3,086,120)				139			(336)	(3,085,981)
23. In force December 31 of current year.....	4,600	65,290,920	0	(a).....0	0	13,981	0	0	4,600	65,304,901

(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).....	4,936	4,936			(222)
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).....	73,002	79,885		101,673	40,288
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).....	73,002	79,885	0	101,673	40,288
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	77,939	84,821	0	101,673	40,066

(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....0084

NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	46,572				46,572
2. Annuity considerations.....	1,733,950				1,733,950
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,780,522	0	0	0	1,780,522
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.....	1,381,440		3,507		1,384,947
12. Surrender values and withdrawals for life contracts.....	905,798		12,073		917,871
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.....	2,287,239	0	15,580	0	2,302,819

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.....	53	15,155,446		(a).....	7	70,505			60	15,225,951
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	804,660			(1)	3,074			(11)	807,734
23. In force December 31 of current year.....	43	15,960,106	0	(a).....0	6	73,579	0	0	49	16,033,685

(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 PENNSYLVANIA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,832,570				1,832,570
2. Annuity considerations.....	294,533,164		47,578		294,580,742
3. Deposit-type contract funds.....	548,022	XXX		XXX	548,022
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	296,913,756	0	47,578	0	296,961,334
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.....	1,830,324		1,923		1,832,247
10. Matured endowments.....					0
11. Annuity benefits.....	23,623,707		39,941		23,663,648
12. Surrender values and withdrawals for life contracts.....	77,947,981		144,284		78,092,265
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.....	103,402,012	0	186,148	0	103,588,160

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.....	3	400,000							3	400,000
17. Incurred during current year.....	21	2,185,324			1	1,923			22	2,187,247
Settled during current year:										
18.1 By payment in full.....	17	1,830,324			1	1,923			18	1,832,247
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	1,830,324	0	0	1	1,923	0	0	18	1,832,247
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	1,830,324	0	0	1	1,923	0	0	18	1,832,247
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	755,000	0	0	0	0	0	0	7	755,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,605	569,488,450		(a).....		26,458			2,605	569,514,908
21. Issued during year.....	3	55,000							3	55,000
22. Other changes to in force (Net).....	(181)	(33,969,539)				(1,705)			(181)	(33,971,244)
23. In force December 31 of current year.....	2,427	535,573,911	0	(a).....0	0	24,753	0	(a).....0	2,427	535,598,664

(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).....	50,829	53,387		11,969	10,690
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).....	50,829	53,387	0	11,969	10,690
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	50,829	53,387	0	11,969	10,690

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,831				4,831
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,831	0	0	0	4,831
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	36,349				36,349
12. Surrender values and withdrawals for life contracts.....	135,509				135,509
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.....	171,857	0	0	0	171,857

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.....	11	294,000		(a).....					11	294,000
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.....	10	289,000	0	(a).....0	0	0	0	0	10	289,000

(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 RHODE ISLAND DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	99,112				99,112
2. Annuity considerations.....	24,145,838		1,009,804		25,155,641
3. Deposit-type contract funds.....	92,705	XXX		XXX	92,705
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,337,655	0	1,009,804	0	25,347,458
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.....	453,430		8,535		461,965
10. Matured endowments.....					0
11. Annuity benefits.....	6,079,989		1,980		6,081,969
12. Surrender values and withdrawals for life contracts.....	6,210,837		810,129		7,020,967
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.....	12,744,256	0	820,644	0	13,564,900

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.....	9	453,430			1	8,535			10	461,965
Settled during current year:										
18.1 By payment in full.....	9	453,430			1	8,535			10	461,965
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	453,430	0	0	1	8,535	0	0	10	461,965
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	453,430	0	0	1	8,535	0	0	10	461,965
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.....	159	27,558,715		(a).....		40,652			159	27,599,367
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(3,886,521)				(8,170)			(25)	(3,894,691)
23. In force December 31 of current year.....	134	23,672,194	0	(a).....0	0	32,482	0	0	134	23,704,676

(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).....	13,721	13,721		499	308
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).....	13,721	13,721	0	499	308
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,721	13,721	0	499	308

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	694,342				694,342
2. Annuity considerations.....	86,792,823		49,073		86,841,895
3. Deposit-type contract funds.....	753,533	XXX		XXX	753,533
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	88,240,697	0	49,073	0	88,289,770
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.....	952,331				952,331
10. Matured endowments.....	5,000				5,000
11. Annuity benefits.....	14,056,064				14,056,064
12. Surrender values and withdrawals for life contracts.....	32,714,139		201,901		32,916,039
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.....	47,727,533	0	201,901	0	47,929,434

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	105,000							2	105,000
17. Incurred during current year.....	14	952,331							14	952,331
Settled during current year:										
18.1 By payment in full.....	15	957,331							15	957,331
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	957,331	0	0	0	0	0	0	15	957,331
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	15	957,331	0	0	0	0	0	0	15	957,331
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	914	156,630,385		(a).....		30,693			914	156,661,078
21. Issued during year.....	2	27,000							2	27,000
22. Other changes to in force (Net).....	(84)	(9,394,440)				473			(84)	(9,393,967)
23. In force December 31 of current year.....	832	147,262,945	0	(a).....0	0	31,166	0	0	832	147,294,111

(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).....	663,344	667,737		394,549	377,508
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).....	663,344	667,737	0	394,549	377,508
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	663,344	667,737	0	394,549	377,508

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	74,531				74,531
2. Annuity considerations.....	4,831,771		3,070		4,834,841
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,906,302	0	3,070	0	4,909,372
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.....	472,077				472,077
12. Surrender values and withdrawals for life contracts.....	1,260,997		267,903		1,528,899
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.....	1,733,074	0	267,903	0	2,000,976

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.....	104	24,823,854		(a).....					104	24,823,854
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(16)	(3,974,110)							(16)	(3,974,110)
23. In force December 31 of current year.....	88	20,849,744	0	(a).....0	0	0	0	0	88	20,849,744

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,315	9,032			(79)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,315	9,032	0	0	(79)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,315	9,032	0	0	(79)

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	769,481				769,481
2. Annuity considerations.....	129,367,639		59,388		129,427,027
3. Deposit-type contract funds.....	562,509	XXX		XXX	562,509
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	130,699,629	0	59,388	0	130,759,017
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.....	506,704		591,131		1,097,835
10. Matured endowments.....	10,000		7,905		17,905
11. Annuity benefits.....	17,621,623		327,195		17,948,818
12. Surrender values and withdrawals for life contracts.....	45,642,384		645,990		46,288,374
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.....	63,780,711	0	1,572,221	0	65,352,932

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	5,000			8	31,965			9	36,965
17. Incurred during current year.....	14	750,116			93	604,320			107	1,354,436
Settled during current year:										
18.1 By payment in full.....	13	516,704			94	598,931			107	1,115,635
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	516,704	0	0	94	598,931	0	0	107	1,115,635
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	516,704	0	0	94	598,931	0	0	107	1,115,635
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	238,412	0	0	7	37,354	0	0	9	275,766
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,056	284,677,895		(a).....		7,777,337			1,056	292,455,232
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(64)	(14,306,974)				(502,420)			(64)	(14,809,394)
23. In force December 31 of current year.....	993	270,395,921	0	(a).....0	0	7,274,917	0	0	993	277,670,838

(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).....	573,451	598,174		484,635	324,154
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).....	573,451	598,174	0	484,635	324,154
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	573,451	598,174	0	484,635	324,154

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,287,131				4,287,131
2. Annuity considerations.....	159,703,210		809,912		160,513,123
3. Deposit-type contract funds.....	291,926	XXX		XXX	291,926
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	164,282,267	0	809,912	0	165,092,180
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.....	4,483,667		11,722		4,495,389
10. Matured endowments.....	38,500				38,500
11. Annuity benefits.....	25,226,285		328,256		25,554,541
12. Surrender values and withdrawals for life contracts.....	54,466,223		4,430,810		58,897,032
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	84,214,674	0	4,770,788	0	88,985,462

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 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.....	11	655,036							11	655,036
17. Incurred during current year.....	54	4,907,965			2	11,498			56	4,919,463
Settled during current year:										
18.1 By payment in full.....	54	4,522,391			2	11,498			56	4,533,889
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	54	4,522,391	0	0	2	11,498	0	0	56	4,533,889
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	54	4,522,391	0	0	2	11,498	0	0	56	4,533,889
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	1,040,610	0	0	0	0	0	0	11	1,040,610
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5,343	1,194,943,793		(a).....		124,281			5,343	1,195,068,074
21. Issued during year.....	3	30,000							3	30,000
22. Other changes to in force (Net).....	(424)	(75,811,584)				16,123			(424)	(75,795,461)
23. In force December 31 of current year.....	4,922	1,119,162,209	0	(a).....0	0	140,404	0	0	4,922	1,119,302,613

(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).....	304,858	307,430		230,720	224,594
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).....	304,858	307,430	0	230,720	224,594
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	304,858	307,430	0	230,720	224,594

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	202,474				202,474
2. Annuity considerations.....	52,212,288		438		52,212,725
3. Deposit-type contract funds.....	100,902	XXX		XXX	100,902
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	52,515,664	0	438	0	52,516,101
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.....	11,549				11,549
10. Matured endowments.....					0
11. Annuity benefits.....	11,446,655				11,446,655
12. Surrender values and withdrawals for life contracts.....	17,949,211		80,764		18,029,976
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.....	29,407,416	0	80,764	0	29,488,180

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.....	2	11,549							2	11,549
Settled during current year:										
18.1 By payment in full.....	2	11,549							2	11,549
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	11,549	0	0	0	0	0	0	2	11,549
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	11,549	0	0	0	0	0	0	2	11,549
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.....	257	69,453,699		(a).....					257	69,453,699
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	348,451							(12)	348,451
23. In force December 31 of current year.....	245	69,802,150	0	(a).....0	0	0	0	0	245	69,802,150

(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).....	69,348	70,749		38,603	36,175
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).....	69,348	70,749	0	38,603	36,175
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	69,348	70,749	0	38,603	36,175

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,589,745				1,589,745
2. Annuity considerations.....	96,377,560		40,579		96,418,139
3. Deposit-type contract funds.....	279,963	XXX		XXX	279,963
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	98,247,268	0	40,579	0	98,287,847
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.....	1,987,681		1,074		1,988,755
10. Matured endowments.....					0
11. Annuity benefits.....	14,905,908		36,112		14,942,020
12. Surrender values and withdrawals for life contracts.....	23,567,426		370,205		23,937,630
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.....	40,461,015	0	407,390	0	40,868,405

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.....	7	468,563							7	468,563
17. Incurred during current year.....	19	2,681,596			1	26			20	2,681,622
Settled during current year:										
18.1 By payment in full.....	21	1,988,729			1	26			22	1,988,755
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	21	1,988,729	0	0	1	26	0	0	22	1,988,755
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	21	1,988,729	0	0	1	26	0	0	22	1,988,755
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	1,161,431	0	0	0	0	0	0	5	1,161,431
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,136	478,886,128		(a).....		55,252			2,136	478,941,380
21. Issued during year.....	3	55,000							3	55,000
22. Other changes to in force (Net).....	(140)	(26,117,703)				24,728			(140)	(26,092,975)
23. In force December 31 of current year.....	1,999	452,823,425	0	(a).....0	0	79,980	0	0	1,999	452,903,405

(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).....	5,188	5,190			(251)
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).....	250,496	275,582		135,725	159,114
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).....	250,496	275,582	0	135,725	159,114
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	255,683	280,772	0	135,725	158,862

(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....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,563				3,563
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,563	0	0	0	3,563
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.....	6,950				6,950
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.....	6,950	0	0	0	6,950

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. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5	1,725,000		(a).....					5	1,725,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(200,000)							(1)	(200,000)
23. In force December 31 of current year.....	4	1,525,000	0	(a).....0	0	0	0	0	4	1,525,000

(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 VERMONT DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	56,111				56,111
2. Annuity considerations.....	8,037,689		31,965		8,069,654
3. Deposit-type contract funds.....	64,475	XXX		XXX	64,475
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,158,275	0	31,965	0	8,190,239
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.....	1,105,513				1,105,513
10. Matured endowments.....					0
11. Annuity benefits.....	1,304,089				1,304,089
12. Surrender values and withdrawals for life contracts.....	2,489,383		152,538		2,641,921
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.....	4,898,984	0	152,538	0	5,051,523

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.....	1	1,105,513							1	1,105,513
Settled during current year:										
18.1 By payment in full.....	1	1,105,513							1	1,105,513
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	1,105,513	0	0	0	0	0	0	1	1,105,513
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	1,105,513	0	0	0	0	0	0	1	1,105,513
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	88	18,223,583		(a).....		14,486			88	18,238,069
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(1,286,773)				(10,635)			(2)	(1,297,408)
23. In force December 31 of current year.....	86	16,936,810	0	(a).....0	0	3,851	0	0	86	16,940,661

(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).....	19,060	19,158			(344)
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).....	19,060	19,158	0	0	(344)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	19,060	19,158	0	0	(344)

(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....0084

NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	643,874				643,874
2. Annuity considerations.....	101,159,068		278,929		101,437,997
3. Deposit-type contract funds.....	168,794	XXX		XXX	168,794
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	101,971,736	0	278,929	0	102,250,665
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.....	696,017				696,017
10. Matured endowments.....	26,210				26,210
11. Annuity benefits.....	27,543,407		539,174		28,082,581
12. Surrender values and withdrawals for life contracts.....	60,478,201		1,654,415		62,132,617
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.....	88,743,835	0	2,193,590	0	90,937,425

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.....	7	41,842							7	41,842
17. Incurred during current year.....	12	681,719							12	681,719
Settled during current year:										
18.1 By payment in full.....	17	722,227							17	722,227
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	722,227	0	0	0	0	0	0	17	722,227
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	722,227	0	0	0	0	0	0	17	722,227
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	1,334	0	0	0	0	0	0	2	1,334
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,062	188,524,721		(a).....		15,952			1,062	188,540,673
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(95)	(15,395,054)				160			(95)	(15,394,894)
23. In force December 31 of current year.....	968	173,139,667	0	(a).....0	0	16,112	0	0	968	173,155,779

(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).....	195,849	208,060		49,907	88,018
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).....	195,849	208,060	0	49,907	88,018
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	195,849	208,060	0	49,907	88,018

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	419,601				419,601
2. Annuity considerations.....	89,727,112		6,823		89,733,935
3. Deposit-type contract funds.....	94,232	XXX		XXX	94,232
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	90,240,944	0	6,823	0	90,247,767
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.....	1,101,000		1,610		1,102,610
10. Matured endowments.....					0
11. Annuity benefits.....	9,360,529		18,569		9,379,097
12. Surrender values and withdrawals for life contracts.....	21,199,066		77,684		21,276,750
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.....	31,660,595	0	97,863	0	31,758,458

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	12,000							2	12,000
17. Incurred during current year.....	6	1,090,610							6	1,090,610
Settled during current year:										
18.1 By payment in full.....	8	1,102,610							8	1,102,610
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	1,102,610	0	0	0	0	0	0	8	1,102,610
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	1,102,610	0	0	0	0	0	0	8	1,102,610
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.....	621	124,356,663		(a).....					621	124,356,663
21. Issued during year.....	2	75,000							2	75,000
22. Other changes to in force (Net).....	(38)	(7,628,151)							(38)	(7,628,151)
23. In force December 31 of current year.....	585	116,803,512	0	(a).....0	0	0	0	0	585	116,803,512

(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).....	60,885	59,837			(2,620)
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).....	332,670	363,813		171,478	86,420
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).....	332,670	363,813	0	171,478	86,420
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	393,555	423,650	0	171,478	83,799

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	139,831				139,831
2. Annuity considerations.....	21,511,065				21,511,065
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,650,897	0	0	0	21,650,897
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.....	83,029				83,029
10. Matured endowments.....					0
11. Annuity benefits.....	2,939,729				2,939,729
12. Surrender values and withdrawals for life contracts.....	4,680,997		9,600		4,690,597
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.....	7,703,754	0	9,600	0	7,713,354

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	83,029							1	83,029
Settled during current year:										
18.1 By payment in full.....	1	83,029							1	83,029
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	83,029	0	0	0	0	0	0	1	83,029
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	83,029	0	0	0	0	0	0	1	83,029
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.....	131	21,983,421		(a).....					131	21,983,421
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(1,145,960)							(6)	(1,145,960)
23. In force December 31 of current year.....	125	20,837,461	0	(a).....0	0	0	0	0	125	20,837,461

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,861	7,857		8,722	8,606
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,861	7,857	0	8,722	8,606
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,861	7,857	0	8,722	8,606

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



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	45,669				45,669
2. Annuity considerations.....	4,471,644				4,471,644
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,517,313	0	0	0	4,517,313
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.....	100,000				100,000
10. Matured endowments.....					0
11. Annuity benefits.....	341,086				341,086
12. Surrender values and withdrawals for life contracts.....	1,107,384		2,618		1,110,002
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.....	1,548,470	0	2,618	0	1,551,088

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	100,000							1	100,000
Settled during current year:										
18.1 By payment in full.....	1	100,000							1	100,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	100,000	0	0	0	0	0	0	1	100,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	100,000	0	0	0	0	0	0	1	100,000
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.....	62	12,570,120		(a).....		6,834			62	12,576,954
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(652,949)				68			(7)	(652,881)
23. In force December 31 of current year.....	55	11,917,171	0	(a).....0	0	6,902	0	0	55	11,924,073

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,403	3,413		4,590	4,287
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,403	3,413	0	4,590	4,287
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,403	3,413	0	4,590	4,287

(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.

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	69,440,805
2. Current year's realized pre-tax capital gains/(losses) of \$.....33,307,082 transferred into the reserve net of taxes of \$.....11,657,479.....	21,649,603
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).....	91,090,408
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	19,806,354
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	71,284,054

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.....	17,002,586	2,803,768		19,806,354
2. 2017.....	12,998,197	4,541,853		17,540,050
3. 2018.....	9,184,363	3,853,297		13,037,660
4. 2019.....	6,308,236	3,010,147		9,318,383
5. 2020.....	4,303,503	2,143,118		6,446,621
6. 2021.....	3,099,536	1,244,819		4,344,355
7. 2022.....	2,387,381	732,013		3,119,394
8. 2023.....	1,794,409	649,725		2,444,134
9. 2024.....	1,427,255	556,838		1,984,093
10. 2025.....	1,203,869	462,774		1,666,643
11. 2026.....	1,043,143	360,712		1,403,855
12. 2027.....	955,254	293,036		1,248,290
13. 2028.....	900,486	252,781		1,153,267
14. 2029.....	854,041	210,068		1,064,109
15. 2030.....	813,202	163,383		976,585
16. 2031.....	769,431	122,042		891,473
17. 2032.....	716,192	87,788		803,980
18. 2033.....	673,980	69,939		743,919
19. 2034.....	603,771	50,714		654,485
20. 2035.....	524,377	30,119		554,496
21. 2036.....	456,165	10,896		467,061
22. 2037.....	393,642	(79)		393,563
23. 2038.....	321,096	(65)		321,031
24. 2039.....	249,699	(45)		249,654
25. 2040.....	187,354	(28)		187,326
26. 2041.....	137,405	(10)		137,395
27. 2042.....	112,074			112,074
28. 2043.....	15,506			15,506
29. 2044.....	4,652			4,652
30. 2045.....				0
31. 2046 and Later.....				0
32. Total (Lines 1 to 31).....	69,440,804	21,649,603	0	91,090,407

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	91,047,073	8,631,928	99,679,001	50,729,374	35,279,732	86,009,106	185,688,107
2. Realized capital gains/(losses) net of taxes - General Account.....	(13,200,856)		(13,200,856)	(21,793,674)	2,993,970	(18,799,704)	(32,000,560)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	2,726,431		2,726,431	28,288,694	22,539,793	50,828,487	53,554,918
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.....	29,631,618	1,989,391	31,621,009		72,104	72,104	31,693,113
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	110,204,266	10,621,319	120,825,585	57,224,394	60,885,599	118,109,993	238,935,578
9. Maximum reserve.....	157,107,288	8,328,338	165,435,626	88,737,497	63,850,687	152,588,184	318,023,810
10. Reserve objective.....	111,448,196	6,398,306	117,846,502	88,606,397	63,752,470	152,358,867	270,205,369
11. 20% of (Line 10 minus Line 8).....	248,786	(844,603)	(595,817)	6,276,401	573,374	6,849,775	6,253,958
12. Balance before transfers (Lines 8 + 11).....	110,453,052	9,776,717	120,229,768	63,500,794	61,458,973	124,959,767	245,189,536
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	1,448,378	(1,448,378)	0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	111,901,430	8,328,339	120,229,768	63,500,794	61,458,973	124,959,767	245,189,536

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

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)
		LONG-TERM BONDS										
1		Exempt obligations.....	15,477,179	XXX	XXX	15,477,179	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	17,244,666,423	XXX	XXX	17,244,666,423	0.0004	6,897,867	0.0023	39,662,733	0.0030	51,733,999
3	2	High quality.....	6,978,519,206	XXX	XXX	6,978,519,206	0.0019	13,259,186	0.0058	40,475,411	0.0090	62,806,673
4	3	Medium quality.....	475,601,164	XXX	XXX	475,601,164	0.0093	4,423,091	0.0230	10,938,827	0.0340	16,170,440
5	4	Low quality.....	126,480,116	XXX	XXX	126,480,116	0.0213	2,694,026	0.0530	6,703,446	0.0750	9,486,009
6	5	Lower quality.....	38,796,557	XXX	XXX	38,796,557	0.0432	1,676,011	0.1100	4,267,621	0.1700	6,595,415
7	6	In or near default.....	35,139,993	XXX	XXX	35,139,993	0.0000	0	0.2000	7,027,999	0.2000	7,027,999
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).....	24,914,680,638	XXX	XXX	24,914,680,638	XXX	28,950,182	XXX	109,076,037	XXX	153,820,534
		PREFERRED STOCKS										
10	1	Highest quality.....	10,000,037	XXX	XXX	10,000,037	0.0004	4,000	0.0023	23,000	0.0030	30,000
11	2	High quality.....	30,872,833	XXX	XXX	30,872,833	0.0019	58,658	0.0058	179,062	0.0090	277,855
12	3	Medium quality.....	1,000,000	XXX	XXX	1,000,000	0.0093	9,300	0.0230	23,000	0.0340	34,000
13	4	Low quality.....	15,553,817	XXX	XXX	15,553,817	0.0213	331,296	0.0530	824,352	0.0750	1,166,536
14	5	Lower quality.....	2,000,000	XXX	XXX	2,000,000	0.0432	86,400	0.1100	220,000	0.1700	340,000
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).....	59,426,687	XXX	XXX	59,426,687	XXX	489,655	XXX	1,269,415	XXX	1,848,392
		SHORT-TERM BONDS										
18		Exempt obligations.....	413,575,345	XXX	XXX	413,575,345	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24).....	413,575,345	XXX	XXX	413,575,345	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....	479,454,184	XXX	XXX	479,454,184	0.0004	191,782	0.0023	1,102,745	0.0030	1,438,363
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.....	479,454,184	XXX	XXX	479,454,184	XXX	191,782	XXX	1,102,745	XXX	1,438,363
34		Total (Lines 9 + 17 + 25 + 33).....	25,867,136,854	XXX	XXX	25,867,136,854	XXX	29,631,618	XXX	111,448,196	XXX	157,107,288

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	95,979,398		XXX.....	95,979,398	.....0.0013	124,773	.....0.0030	287,938	.....0.0040	383,918
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.....	365,752,748		XXX.....	365,752,748	.....0.0010	365,753	.....0.0050	1,828,764	.....0.0065	2,377,393
44		Commercial mortgages-all other - CM2 - high quality.....	427,785,966		XXX.....	427,785,966	.....0.0035	1,497,251	.....0.0100	4,277,860	.....0.0130	5,561,218
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.....	645,609		XXX.....	645,609	.....0.0025	1,614	.....0.0058	3,745	.....0.0090	5,810
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).....	890,163,721	0	XXX.....	890,163,721	XXX.....	1,989,391	XXX.....	6,398,306	XXX.....	8,328,338
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).....	890,163,721	0	XXX.....	890,163,721	XXX.....	1,989,391	XXX.....	6,398,306	XXX.....	8,328,338

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	360,117,903	.XXX.	XXX	360,117,903	0.0000	0	(a).....0.1712	61,652,185	(a).....0.1712	61,652,185
2		Unaffiliated private.....	167,210,167	.XXX.	XXX	167,210,167	0.0000	0	0.1600	26,753,627	0.1600	26,753,627
3		Federal Home Loan Bank.....	43,700,000	.XXX.	XXX	43,700,000	0.0000	0	0.0050	218,500	0.0080	349,600
4		Affiliated life with AVR.....	281,014,439	.XXX.	XXX	281,014,439	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).....	852,042,509	0	0	852,042,509	XXX	0	XXX	88,624,312	XXX	88,755,412
		REAL ESTATE										
18		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....	87,885,464			87,885,464	0.0000	0	0.0750	6,591,410	0.0750	6,591,410
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).....	87,885,464	0	0	87,885,464	XXX	0	XXX	6,591,410	XXX	6,591,410
		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.....	56,770,614	.XXX.	XXX	56,770,614	0.0004	22,708	0.0023	130,572	0.0030	170,312
24	2	High quality.....	10,402,078	.XXX.	XXX	10,402,078	0.0019	19,764	0.0058	60,332	0.0090	93,619
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.....	41,283,936	.XXX.	XXX	41,283,936	0.0000	0	0.2000	8,256,787	0.2000	8,256,787
29		Total with bond characteristics (sum of Lines 22 through 28).....	108,456,628	.XXX.	XXX	108,456,628	XXX	42,472	XXX	8,447,692	XXX	8,520,718

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
39		Mortgages - CM2 - high quality.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		Mortgages - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
41		Mortgages - CM4 - low medium quality.....			XXX	0	0.0105	0	0.0300	0	0.0375	0
42		Mortgages - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
43		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
44		Residential mortgages-all other.....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
48		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure Affiliated:										
51		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
52		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
53		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
54		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
56		Total Affiliated (Sum of Lines 38 through 55).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57		Unaffiliated - In Good Standing with Covenants.....			XXX	0	(c)	0	(c)	0	(c)	0
58		Unaffiliated - In Good Standing Defeased with Government Securities.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
59		Unaffiliated - In Good Standing Primarily Senior.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
60		Unaffiliated - In Good Standing All Other.....	4,938,693		XXX	4,938,693	0.0060	29,632	0.0175	86,427	0.0225	111,121
61		Unaffiliated - Overdue, Not in Process.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
62		Unaffiliated - In Process of Foreclosure.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
63		Total Unaffiliated (Sum of Lines 57 through 62).....	4,938,693	0	XXX	4,938,693	XXX	29,632	XXX	86,427	XXX	111,121
64		Total with Mortgage Loan Characteristics (Lines 56 + 63).....	4,938,693	0	XXX	4,938,693	XXX	29,632	XXX	86,427	XXX	111,121

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	(a).....	.....0	(a).....	.....0
66		Unaffiliated private.....	228,302,188	XXX.....	XXX.....	228,302,188	.....0.0000	.....0	.....0.1600	36,528,350	.....0.1600	36,528,350
67		Affiliated life with AVR.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.0000	.....0	.....0.0000	.....0
68		Affiliated certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.1300	.....0	.....0.1300	.....0
69		Affiliated other - all other.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600	.....0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69).....	228,302,188	XXX.....	XXX.....	228,302,188	XXX.....	.....0	XXX.....	36,528,350	XXX.....	36,528,350
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home office property (general account only).....				.....0	.....0.0000	.....0	.....0.0750	.....0	.....0.0750	.....0
72		Investment properties.....	161,314,558			161,314,558	.....0.0000	.....0	.....0.0750	12,098,592	.....0.0750	12,098,592
73		Properties acquired in satisfaction of debt.....				.....0	.....0.0000	.....0	.....0.1100	.....0	.....0.1100	.....0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73).....	161,314,558	.....0	.....0	161,314,558	XXX.....	.....0	XXX.....	12,098,592	XXX.....	12,098,592
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit.....				.....0	.....0.0003	.....0	.....0.0006	.....0	.....0.0010	.....0
76		Non-guaranteed federal low income housing tax credit.....				.....0	.....0.0063	.....0	.....0.0120	.....0	.....0.0190	.....0
77		Guaranteed state low income housing tax credit.....				.....0	.....0.0003	.....0	.....0.0006	.....0	.....0.0010	.....0
78		Non-guaranteed state low income housing tax credit.....				.....0	.....0.0063	.....0	.....0.0120	.....0	.....0.0190	.....0
79		All other low income housing tax credit.....				.....0	.....0.0273	.....0	.....0.0600	.....0	.....0.0975	.....0
80		Total LIHTC (Sum of Lines 75 through 79).....	.....0	.....0	.....0	.....0	XXX.....	.....0	XXX.....	.....0	XXX.....	.....0
		ALL OTHER INVESTMENTS										
81		NAIC 1 working capital finance investments.....		XXX.....		.....0	.....0.0000	.....0	.....0.0037	.....0	.....0.0037	.....0
82		NAIC 2 working capital finance investments.....		XXX.....		.....0	.....0.0000	.....0	.....0.0120	.....0	.....0.0120	.....0
83		Other invested assets - Schedule BA.....		XXX.....		.....0	.....0.0000	.....0	.....0.1300	.....0	.....0.1300	.....0
84		Other short-term invested assets - Schedule DA.....		XXX.....		.....0	.....0.0000	.....0	.....0.1300	.....0	.....0.1300	.....0
85		Total All Other (sum of Lines 81, 82, 83 and 84).....	.....0	XXX.....	.....0	.....0	XXX.....	.....0	XXX.....	.....0	XXX.....	.....0
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85).....	503,012,067	.....0	.....0	503,012,067	XXX.....	72,104	XXX.....	57,161,061	XXX.....	57,258,780

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

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ASSET VALUATION RESERVE (continued)

Basic Contributions, Reserve Objective and Maximum Reserve Calculations

Replications (Synthetic) Assets

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve

NONE

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SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year,
and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted

CLAIMS DISPOSED OF DURING CURRENT YEAR

Death Claims - Ordinary

SM2111420.....	40940.....	.....NJ.....	.....2015.....	.....50,000	.....	.....	Material misrepresentation.....
0199999. Death Claims - Ordinary.....				.....50,000	.....0	.....0	.....XXX
0599999. Subtotal - Disposed Death Claims.....				.....50,000	.....0	.....0	.....XXX
2699999. Subtotal - Claims Disposed of During Current Year.....				.....50,000	.....0	.....0	.....XXX

CLAIMS RESISTED DURING CURRENT YEAR

Death Claims - Ordinary

BG2000739N.....	40959.....	.....FL.....	.....2014.....	.....100,000	.....	.....25,000	Material misrepresentation.....
2799999. Death Claims - Ordinary.....				.....100,000	.....0	.....25,000	.....XXX
3199999. Subtotal - Resisted Death Claims.....				.....100,000	.....0	.....25,000	.....XXX
5299999. Subtotal - Claims Resisted of During Current Year.....			100,000025,000XXX
5399999. Totals.....			150,000025,000XXX

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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.....	3,166,534	XXX...	8,209	XXX...		XXX...		XXX...		XXX...	3,158,325	XXX..		XXX...		XXX...		XXX..
2.	Premiums earned.....	3,184,104	XXX...	8,210	XXX...		XXX...		XXX...		XXX...	3,175,894	XXX..		XXX...		XXX...		XXX..
3.	Incurred claims.....	3,032,147	95.2	(342)	(4.2)	0	0.0	0	0.0	0	0.0	3,032,489	95.5	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	3,032,147	95.2	(342)	(4.2)	0	0.0	0	0.0	0	0.0	3,032,489	95.5	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	2,173,900	68.3	12,642	154.0	0	0.0	0	0.0	0	0.0	2,161,258	68.1	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	670,374	21.1		0.0		0.0		0.0		0.0	670,374	21.1		0.0		0.0		0.0
8.	Other general insurance expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred.....	670,374	21.1	0	0.0	0	0.0	0	0.0	0	0.0	670,374	21.1	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	(2,692,317)	(84.6)	(4,090)	(49.8)	0	0.0	0	0.0	0	0.0	(2,688,227)	(84.6)	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.....	(2,692,317)	(84.6)	(4,090)	(49.8)	0	0.0	0	0.0	0	0.0	(2,688,227)	(84.6)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		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).	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

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

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	765,803	664				765,139			
2. Advance premiums.....	26,296					26,296			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	792,099	664	0	0	0	791,435	0	0	0
5. Total premium reserves, prior year.....	816,897	665				816,232			
6. Increase in total premium reserves.....	(24,798)	(1)	0	0	0	(24,797)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	29,950,997	128,330				29,822,667			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	29,950,997	128,330	0	0	0	29,822,667	0	0	0
4. Total contract reserves, prior year.....	27,777,097	115,688				27,661,409			
5. Increase in contract reserves.....	2,173,900	12,642	0	0	0	2,161,258	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	6,010,882	1,012	0	0	0	6,009,870	0	0	0
2. Total prior year.....	5,067,897	1,354				5,066,543			
3. Increase.....	942,985	(342)	0	0	0	943,327	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.....	1,863,433					1,863,433			
1.2 On claims incurred during current year.....	225,729					225,729			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	3,955,814	56				3,955,758			
2.2 On claims incurred during current year.....	2,055,068	956				2,054,112			
3. Test:									
3.1 Lines 1.1 and 2.1.....	5,819,247	56	0	0	0	5,819,191	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	5,067,897	1,354				5,066,543			
3.3 Line 3.1 minus Line 3.2.....	751,350	(1,298)	0	0	0	752,648	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	3,166,534	8,209				3,158,325			
2. Premiums earned.....	3,184,104	8,210				3,175,894			
3. Incurred claims.....	3,032,147	(343)				3,032,490			
4. Commissions.....	670,374					670,374			
B. Reinsurance Ceded:									
1. Premiums written.....	7,635,211	74,818			7	7,558,895	1,491		
2. Premiums earned.....	7,733,447	74,577			549	7,657,290	1,031		
3. Incurred claims.....	4,662,980	(3,292)			(9,710)	4,675,982			
4. Commissions.....	416,257	11,701				404,556			

(a) Includes \$0 premium deficiency reserve.

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SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred claims.....			4,662,981	4,662,981
2. Beginning claim reserves and liabilities.....			3,605,886	3,605,886
3. Ending claim reserves and liabilities.....			3,435,079	3,435,079
4. Claims paid.....	0	0	4,833,788	4,833,788
B. Assumed Reinsurance:				
5. Incurred claims.....			3,032,148	3,032,148
6. Beginning claim reserves and liabilities.....			5,067,897	5,067,897
7. Ending claim reserves and liabilities.....			6,010,882	6,010,882
8. Claims paid.....	0	0	2,089,163	2,089,163
C. Ceded Reinsurance:				
9. Incurred claims.....			4,662,981	4,662,981
10. Beginning claim reserves and liabilities.....			3,605,886	3,605,886
11. Ending claim reserves and liabilities.....			3,435,079	3,435,079
12. Claims paid.....	0	0	4,833,788	4,833,788
D. Net:				
13. Incurred claims.....	0	0	3,032,148	3,032,148
14. Beginning claim reserves and liabilities.....	0	0	5,067,897	5,067,897
15. Ending claim reserves and liabilities.....	0	0	6,010,882	6,010,882
16. Claims paid.....	0	0	2,089,163	2,089,163
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			3,032,148	3,032,148
18. Beginning reserves and liabilities.....			5,067,897	5,067,897
19. Ending reserves and liabilities.....			6,010,882	6,010,882
20. Paid claims and cost containment expenses.....	0	0	2,089,163	2,089,163

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SCHEDULE S - PART 1 - SECTION 1

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

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	ACO/I.....	.....	.....160,356	.....	.....	.....	.....
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	CO/I.....	.....4,817,000	.....1,671,196	.....378,080	.....105,513	.....	.....
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	ACO/G.....	.....	.....1,820,523	.....156,707	.....	.....	.....
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	ACO/I.....	.....	.....128,075,339	.....196,051	.....1,265,527	.....	.....
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/I.....	.....365,820,252	.....121,667,740	.....4,183,091	.....4,042,803	.....	.....
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	ACO/I.....	.....	.....4,023,161	.....51,965	.....73,073	.....	.....
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	CO/I.....	.....11,825,226	.....1,576,050	.....388,031	.....69,289	.....	.....
67903.....	23-1335885....	08/31/2012	Provident American Life & Health Insurance Company.....	OH.....	CO/I.....	.....10,899,249	.....2,576,114	.....764,002	.....150,331	.....	.....
88366.....	59-2760189....	08/31/2012	American Retirement Life Insurance Company.....	OH.....	CO/I.....	.....990,000	.....653,247	.....	.....3,000	.....	.....
65722.....	63-0343428....	01/01/2007	Loyal American Life Insurance Company.....	OH.....	ACO/I.....	.....	.....31,731,603	.....(20,775)	.....687,448	.....	.....
62200.....	95-2496321....	06/30/2011	Accordia Life and Annuity Company.....	IA.....	ACO/I.....	.....	.....3,508,945	.....54,800	.....96,692	.....	.....
62200.....	95-2496321....	06/30/2011	Accordia Life and Annuity Company.....	IA.....	CO/I.....	.....3,177,000	.....3,319,508	.....	.....	.....	.....
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					.....397,528,727	.....300,783,782	.....6,151,952	.....6,493,676	.....0	.....0
1099999.	Total - General Account - Non-Affiliates.....					.....397,528,727	.....300,783,782	.....6,151,952	.....6,493,676	.....0	.....0
1199999.	Total - General Account.....					.....397,528,727	.....300,783,782	.....6,151,952	.....6,493,676	.....0	.....0
2399999.	Total U.S.....				397,528,727300,783,7826,151,9526,493,67600
9999999.	Total.....				397,528,727300,783,7826,151,9526,493,67600

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	CO/I.....	.....3,158,325	.....765,139	.....35,596,552	.....235,985	.....	.....
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	CO/G.....	.....8,209	.....664	.....129,291	.....51	.....	.....
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates.....					.....3,166,534	.....765,803	.....35,725,843	.....236,036	.....0	.....0
1099999.	Total - Non-Affiliates.....					.....3,166,534	.....765,803	.....35,725,843	.....236,036	.....0	.....0
1199999.	Total - U.S.....				3,166,534765,80335,725,843236,03600
9999999.	Total.....				3,166,534765,80335,725,843236,03600

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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						
68276.....	48-1024691....	01/01/1998	Employers Reassurance Corporation.....	KS.....	.....100,000	.....
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	.....75,000	.....
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Company.....	CO.....	.....75,000	.....1,076,897
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Company.....	CO.....	.....976,642	.....3,536,920
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	.....200,000	.....260,000
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	.....50,000	.....65,000
87572.....	23-2038295....	01/01/2003	Scottish Re (US) Inc.....	DE.....	.....50,000	.....130,000
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Company.....	CO.....	.....25,000	.....65,000
68713.....	84-0499703....	01/01/2009	Security Life of Denver Insurance Company.....	CO.....	.....7,500	.....
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America, Inc.	MO.....	.....	.....50,000
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	.....364,582	.....156,522
88340.....	59-2859797....	08/31/2012	Hannover Life Reassurance Company of America.....	FL.....	.....	.....2,961,717
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	.....30,000	.....
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.....1,953,724	.....8,302,056
1099999.	Total - Life and Annuity Non-Affiliates.....				.....1,953,724	.....8,302,056
1199999.	Total - Life and Annuity.....				.....1,953,724	.....8,302,056
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	.....	.....319,819
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health of America Inc.....	MO.....	.....	.....51,952
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	.....	.....108,694
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....0	.....480,465
2199999.	Total - Accident and Health Non-Affiliates.....				.....0	.....480,465
2299999.	Total - Accident and Health.....			0480,465
2399999.	Total U.S.....			1,953,7248,782,521
9999999.	Total.....			1,953,7248,782,521

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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	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099.....	75-1608507....	01/01/1982	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	.....100,000	.....1,757	.....1,605	.....1,989				
87572.....	23-2038295....	01/01/1983	Scottish Re (US) Inc.....	DE.....	CO/I.....	OL.....	.....2,902,000	.....56,872	.....49,585	.....13,107				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health America Inc.....	MO.....	DIS/I.....	OL.....				.....97				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health America Inc.....	MO.....	YRT/I.....	OL.....	.....287,750	.....12,379	.....12,011	.....11,323				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America Inc.....	MO.....	CO/I.....	OL.....	.....14,352,520	.....339,306	.....311,305	.....68,622				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America Inc.....	MO.....	DIS/I.....	OL.....		.....88,445	.....92,647					
64688.....	75-6020048....	01/01/1982	SCOR Global Life Americas Reinsurance Company.....	DE.....	MCO/I.....	OL.....	.....2,316,000	.....421	.....507	.....21,400			.....951,690	
68276.....	48-1024691....	01/01/1998	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	.....60,373,828	.....319,563	.....291,844	.....258,080				
86258.....	13-2572994....	07/01/1999	General Re Life Corporation.....	CT.....	DIS/I.....	OL.....		.....74,872	.....80,039	.....26,305				
86258.....	13-2572994....	10/01/2003	General Re Life Corporation.....	CT.....	YRT/I.....	OL.....	.....196,104	.....444	.....409	.....7,712				
97071.....	13-3126819....	01/01/2000	SCOR Global Life USA Reinsurance Company.....	DE.....	CO/I.....	XXXL.....	.....7,060,000	.....199,859	.....294,671	.....25,667				
97071.....	13-3126819....	01/01/2008	SCOR Global Life USA Reinsurance Company.....	DE.....	CAT/I.....	XXXL/OL.....				.....125,000				
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	.....127,764,215	.....1,128,032	.....1,063,258	.....389,672				
88340.....	59-2859797....	01/01/2000	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	XXXL.....	.....8,750,000	.....1,263,945	.....1,357,850	.....55,812				
88340.....	59-2859797....	12/31/2002	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	.....693,519,133	.....57,844,979	.....56,913,640	.....4,929,366				
88340.....	59-2859797....	10/01/2003	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	.....34,457,349	.....19,083	.....18,480	.....171,187				
88340.....	59-2859797....	07/01/2008	Hannover Life Reassurance Company of America.....	FL.....	COMB/I.....	XXXL.....	.....1,079,233,000	.....17,451,000	.....18,235,000	.....6,367,768			.....18,922,791	
88099.....	75-1608507....	11/09/2004	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	.....881,031	.....502	.....455	.....6,785				
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	.....116,124,326	.....1,301,209	.....1,224,432	.....413,427				
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	CO/I.....	XXXL.....	.....157,657,699	.....4,570,530	.....4,568,161	.....200,007				
93572.....	43-1235868....	10/01/2003	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	.....2,227,905	.....4,532	.....4,249	.....54,371				
87572.....	23-2038295....	01/01/2003	Scottish Re US Inc.....	DE.....	CO/I.....	XXXL.....	.....307,372,340	.....9,046,355	.....9,042,336	.....390,500				
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....56,383,681	.....39,669	.....38,350	.....344,736				
68713.....	84-0499703....	01/01/1999	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	OL.....	.....322,266,622	.....7,799,212	.....8,597,499	.....965,027				
68713.....	84-0499703....	04/01/1999	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	OL.....	.....6,133,528	.....44,913	.....43,150	.....34,829				
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	XXXL.....	.....3,987,491,244	.....158,218,876	.....168,970,512	.....9,264,416				
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	XXXL.....	.....156,624,727	.....4,550,231	.....4,542,915	.....241,613				
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health America Inc.....	MO.....	CO/I.....	OL.....	.....94,524,326	.....969,850	.....913,662	.....304,964				
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health America Inc.....	MO.....	YRT/I.....	OL.....	.....21,934,317	.....14,783	.....14,182	.....112,385				
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	CO/I.....	XXXL.....	.....615,645,631	.....18,104,534	.....18,096,406	.....782,074				
64688.....	75-6020048....	10/01/2003	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	.....1,605,076	.....3,857	.....3,615	.....66,998				
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	ACO/I.....	FL.....		.....3,463,080	.....3,591,298					
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	ACO/G.....	FL.....		.....2,091,688	.....2,272,657					
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/I.....	OL.....	.....17,336,478	.....12,698,198	.....13,645,938					
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/G.....	OL.....	.....17,236,174	.....12,736,945	.....13,575,083	.....(23,787)				
66346.....	58-0828824....	01/01/2006	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....				.....37,837				
88340.....	59-2859797....	08/31/2012	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	.....255,444,700	.....101,014,261	.....104,365,430	.....3,220,441				

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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			
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....							8,168,201,704	415,474,182	432,233,181	28,889,730	0	0	19,874,481	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....							8,168,201,704	415,474,182	432,233,181	28,889,730	0	0	19,874,481	0
1199999.	Total - General Account - Authorized.....							8,168,201,704	415,474,182	432,233,181	28,889,730	0	0	19,874,481	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....							8,168,201,704	415,474,182	432,233,181	28,889,730	0	0	19,874,481	0
6999999.	Total U.S.....							8,168,201,704	415,474,182	432,233,181	28,889,730	0	0	19,874,481	0
9999999.	Total.....							8,168,201,704	415,474,182	432,233,181	28,889,730	0	0	19,874,481	0

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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													
71404.....	47-0463747....	.12/31/2009	Continental General Insurance Company.....	TX.....	CO/i.....	LTC.....	.....2,493,952	.....683,011	.....32,676,429	.....	.....	.....	.....
71404.....	47-0463747....	.12/31/2009	Continental General Insurance Company.....	TX.....	CO/g.....	LTC.....	.....75,638	.....5,342	.....2,989,717	.....	.....	.....	.....
65722.....	63-0343428....	.08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/i.....	MS.....	.....5,065,621	.....196,632	.....877,785	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....7,635,211	.....884,985	.....36,543,931	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....7,635,211	.....884,985	.....36,543,931	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....7,635,211	.....884,985	.....36,543,931	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....7,635,211	.....884,985	.....36,543,931	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....						.....7,635,211	.....884,985	.....36,543,931	.....0	.....0	.....0	.....0
9999999.	Total.....						.....7,635,211	.....884,985	.....36,543,931	.....0	.....0	.....0	.....0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	36,525	40,375	43,163	47,115	163,648
2.	Commissions and reinsurance expense allowances.....	6,480	7,356	7,735	8,065	9,685
3.	Contract claims.....	41,151	54,198	48,090	49,561	39,700
4.	Surrender benefits and withdrawals for life contracts.....	4,854	5,125	7,155	6,447	3,907
5.	Dividends to policyholders.....	219	230	238	242	79
6.	Reserve adjustments on reinsurance ceded.....	(1,853)	(2,329)	(1,145)	(1,400)	(822)
7.	Increase in aggregate reserves for life and accident and health contracts.....	(13,955)	(13,782)	(6,717)	107,822	122,221
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	23	21	25	25	3,055
9.	Aggregate reserves for life and accident and health contracts.....	452,813	466,858	480,640	487,357	496,886
10.	Liability for deposit-type contracts.....	91	95	107	67	86
11.	Contract claims unpaid.....	8,783	11,142	9,032	7,799	9,946
12.	Amounts recoverable on reinsurance.....	1,954	3,824	2,169	2,784	5,054
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).....					

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	28,333,033,127	18,604,909	28,351,638,036
2. Reinsurance (Line 16).....	7,043,533	(3,057,018)	3,986,515
3. Premiums and considerations (Line 15).....	10,070,001	22,865	10,092,866
4. Net credit for ceded reinsurance.....	XXX	445,932,962	445,932,962
5. All other admitted assets (balance).....	951,359,085		951,359,085
6. Total assets excluding Separate Accounts (Line 26).....	29,301,505,746	461,503,718	29,763,009,464
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	29,301,505,746	461,503,718	29,763,009,464
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	25,014,033,347	452,812,586	25,466,845,933
10. Liability for deposit-type contracts (Line 3).....	1,341,690,862	90,511	1,341,781,373
11. Claim reserves (Line 4).....	139,467,017	8,782,520	148,249,537
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	293,614	31,049	324,663
14. Other contract liabilities (Line 9).....	71,502,498	(212,948)	71,289,550
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).....	758,109,638		758,109,638
20. Total liabilities excluding Separate Accounts (Line 26).....	27,325,096,976	461,503,718	27,786,600,694
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	27,325,096,976	461,503,718	27,786,600,694
23. Capital & surplus (Line 38).....	1,976,408,770	XXX	1,976,408,770
24. Total liabilities, capital & surplus (Line 39).....	29,301,505,746	461,503,718	29,763,009,464
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	452,812,586		
26. Claim reserves.....	8,782,520		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	31,049		
29. Liability for deposit-type contracts.....	90,511		
30. Other contract liabilities.....	(212,948)		
31. Reinsurance ceded assets.....	3,057,018		
32. Other ceded reinsurance recoverables.....	(18,604,909)		
33. Total ceded reinsurance recoverables.....	445,955,827		
34. Premiums and considerations.....	22,865		
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.....	22,865		
41. Total net credit for ceded reinsurance.....	445,932,962		

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
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	386,304	105,321,425		11,208	110,540	105,829,477
2.	Alaska.....	AK	18,749	1,231,274	268			1,250,291
3.	Arizona.....	AZ	823,982	45,602,144		8,976	2,975,746	49,410,848
4.	Arkansas.....	AR	281,111	19,069,984		4,580	37,727	19,393,402
5.	California.....	CA	8,072,639	326,373,066	449	11,394	24,858	334,482,407
6.	Colorado.....	CO	453,224	41,514,459		105,386	285,572	42,358,641
7.	Connecticut.....	CT	587,324	66,094,869	61	5,692	346,674	67,034,621
8.	Delaware.....	DE	100,777	32,414,751				32,515,528
9.	District of Columbia.....	DC	52,164	3,870,743				3,922,907
10.	Florida.....	FL	3,277,193	348,618,471	164	33,327	902,432	352,831,587
11.	Georgia.....	GA	1,431,438	90,299,054	164	88,256	152,434	91,971,347
12.	Hawaii.....	HI	343,974	19,814,845			174,131	20,332,950
13.	Idaho.....	ID	167,178	21,975,824				22,143,002
14.	Illinois.....	IL	1,443,863	125,549,222		73,301	99,042	127,165,429
15.	Indiana.....	IN	381,734	122,286,778			118,038	122,786,550
16.	Iowa.....	IA	215,514	40,630,947		4,523		40,850,984
17.	Kansas.....	KS	281,161	30,565,015		59,426		30,905,602
18.	Kentucky.....	KY	331,088	58,705,285		4,397	326,836	59,367,606
19.	Louisiana.....	LA	407,837	118,160,730				118,568,567
20.	Maine.....	ME	167,032	18,264,978		5,710		18,437,721
21.	Maryland.....	MD	1,080,687	66,681,653			265,570	68,027,911
22.	Massachusetts.....	MA	823,280	72,624,732		1,024	5,530,877	78,979,913
23.	Michigan.....	MI	560,839	168,953,738			800,504	170,315,082
24.	Minnesota.....	MN	560,968	74,994,275		257	130,746	75,686,246
25.	Mississippi.....	MS	263,384	22,642,320		1,489	80,640	22,987,833
26.	Missouri.....	MO	558,520	356,474,026		96,867	344,451	357,473,864
27.	Montana.....	MT	23,847	3,872,960		6,987	495,958	4,399,751
28.	Nebraska.....	NE	231,489	11,940,548		49,519		12,221,556
29.	Nevada.....	NV	510,238	24,377,892		2,492		24,890,622
30.	New Hampshire.....	NH	112,197	24,032,867		65,541	896,587	25,107,192
31.	New Jersey.....	NJ	1,188,255	194,137,915	474	9,556	350,250	195,686,450
32.	New Mexico.....	NM	313,170	11,023,703			800,972	12,137,845
33.	New York.....	NY	331,650	16,975,623		(1,126)	84,149	17,390,296
34.	North Carolina.....	NC	1,579,044	168,440,912		1,055,221	245,610	171,320,788
35.	North Dakota.....	ND	62,560	17,665,669			87,639	17,815,867
36.	Ohio.....	OH	903,081	205,630,222	38	380	346,164	206,879,886
37.	Oklahoma.....	OK	788,254	11,792,908		1,995	122,686	12,705,842
38.	Oregon.....	OR	205,950	56,737,532	139	61,576		57,005,196
39.	Pennsylvania.....	PA	1,832,570	294,580,742		7,329	548,022	296,968,663
40.	Rhode Island.....	RI	99,112	25,155,641		9,244	92,705	25,356,702
41.	South Carolina.....	SC	694,342	86,841,895		5,238	753,533	88,295,008
42.	South Dakota.....	SD	74,531	4,834,841		9,290		4,918,662
43.	Tennessee.....	TN	769,481	129,427,027		73,524	562,509	130,832,541
44.	Texas.....	TX	4,287,131	160,513,123	224	7,026	291,926	165,099,430
45.	Utah.....	UT	202,474	52,212,725			100,902	52,516,101
46.	Vermont.....	VT	56,111	8,069,654		19,060	64,475	8,209,299
47.	Virginia.....	VA	1,589,745	96,418,139	45	177,950	279,963	98,465,843
48.	Washington.....	WA	643,874	101,437,997		195,746	168,794	102,446,411
49.	West Virginia.....	WV	139,831	21,511,065				21,650,897
50.	Wisconsin.....	WI	419,601	89,733,935	(672)	184,185	94,232	90,431,280
51.	Wyoming.....	WY	45,669	4,471,644				4,517,313
52.	American Samoa.....	AS						0
53.	Guam.....	GU	133,602					133,602
54.	Puerto Rico.....	PR	4,831					4,831
55.	US Virgin Islands.....	VI	3,563					3,563
56.	Northern Mariana Islands.....	MP						0
57.	Canada.....	CAN	15,112					15,112
58.	Aggregate Other Alien.....	OT	46,572	1,733,950				1,780,522
59.	Totals.....		40,379,853	4,222,305,739	1,354	2,456,546	19,093,895	4,284,237,388

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															
52			31-1544320..		00009447	NYSE.....	American Financial Group, Inc.....	OH.....	UIP.....		Ownership.....			N.....	
			31-6549738..				American Financial Capital Trust II.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			16-6543606..				American Financial Capital Trust III.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			16-6543609..				American Financial Capital Trust IV.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			31-0996797..				American Financial Enterprises, Inc.....	CT.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			31-0828578..				American Money Management Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			27-1577326..				American Real Estate Capital Company, LLC.....	OH.....	NIA.....	American Money Management Corporation.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			27-2829629..				Mid-Market Capital Partners, LLC.....	DE.....	NIA.....	American Money Management Corporation.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			41-2112001..				APU Holding Company.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			23-6000765..				American Premier Underwriters, Inc.....	PA.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			23-6297584..				The Associates of the Jersey Company.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			37-1094159..				Cal Coal, Inc.....	IL.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			95-2802826..				Great Southwest Corporation.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			35-6001691..				The Indianapolis Union Railway Company.....	IN.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			13-6400464..				Lehigh Valley Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			46-1665396..				Pennsylvania Lehigh Oil & Gas Holdings LLC.....	PA.....	NIA.....	Lehigh Valley Railroad Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			20-1548213..				Magnolia Alabama Holdings, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			20-1574094..				Magnolia Alabama Holdings LLC.....	AL.....	NIA.....	Magnolia Alabama Holdings, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			46-1852532..				Michigan Oil & Gas Holdings, LLC.....	MI.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			46-1480078..				Ohio Oil & Gas Holdings, LLC.....	OH.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			13-6021353..				The Owasco River Railway, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			31-1236926..				PCC Real Estate, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			76-0080537..				PCC Technical Industries, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			31-1388401..				PCC Maryland Realty Corp.....	MD.....	NIA.....	PCC Technical Industries, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			06-1209709..				Penn Central Energy Management Company.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			23-1537928..				Penn Towers, Inc.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			46-3246684..				Pennsylvania Oil & Gas Holdings, LLC.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			23-6000766..				Pennsylvania-Reading Seashore Lines.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	66.670	American Financial Group, Inc.....	N.....	
			23-6207599..				Pittsburgh and Cross Creek Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	83.000	American Financial Group, Inc.....	N.....	
			23-1707450..				Terminal Realty Penn Co.....	DC.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			23-1675796..				Waynesburg Southern Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			98-1073776..				GAI Insurance Company, Ltd.....	BMU.....	IA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
							Great American Specialty & Affinity Limited.....	GBR.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			31-1446308..				Hangar Acquisition Corp.....	OH.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			91-1242743..				Premier Lease & Loan Services Insurance Agency, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			91-1508644..				Premier Lease & Loan Services of Canada, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	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)	*
52.1			31-1262960..				Risico Management Corporation.....	DE.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			31-0823725..				Dixie Terminal Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			98-0606803..				GAI Holding Bermuda Ltd.....	BMU.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...69.990	American Financial Group, Inc.	.....N.....	2....
			98-0606803..				GAI Holding Bermuda Ltd.....	BMU.....	NIA.....	GAI Australia Pty Ltd.....	Ownership.....	...30.010	American Financial Group, Inc.	.....N.....	2....
			98-0556144..				GAI Indemnity, Ltd.....	GBR.....	IA.....	GAI Holding Bermuda Ltd.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Neon Capital Limited.....	GBR.....	NIA.....	GAI Holding Bermuda Ltd.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Neon Holdings (U.K.) Limited.....	GBR.....	NIA.....	Neon Capital Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			98-0412245..				Lavenham Underwriting Limited.....	GBR.....	IA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Marketform Hong Kong Limited.....	HKG.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Neon Management Services Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Neon Service Company (U.K.) Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Marketform Australia Pty Limited.....	AUS.....	NIA.....	Neon Service Company (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Studio Marketform SRL.....	ITA.....	NIA.....	Neon Service Company (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Neon Underwriting Bermuda Limited.....	BMU.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Neon Underwriting Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			98-0431601..				Sampford Underwriting Limited.....	GBR.....	IA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
							Spectrum Agency Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			06-1356481..				Great American Financial Resources, Inc.....	DE.....	UDP.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	1....
			31-1422717..				AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			34-1017531..				Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			47-0717079..				Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			34-1947042..				QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			31-1395344..				Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
0084	American Financial Group, Inc.	63312..	13-1935920..				Great American Life Insurance Company.....	OH.....	RE.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
0084	American Financial Group, Inc.	93661..	31-1021738..				Annuity Investors Life Insurance Company.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			27-4078277..				Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...85.000	American Financial Group, Inc.	.....N.....	.....
			27-0513333..				Bay Bridge Marina Management, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...85.000	American Financial Group, Inc.	.....N.....	.....
			20-1246122..				Brothers Management, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...99.000	American Financial Group, Inc.	.....Y.....	.....
			81-3737639..				Charleston Harbor Fishing, LLC.....	SC.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			47-5618395..				GA Key Lime, LLC.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...50.000	American Financial Group, Inc.	.....N.....	2....
			47-5618395..				GA Key Lime, LLC.....	OH.....	DS.....	Great American Insurance Company.....	Ownership.....	...50.000	American Financial Group, Inc.	.....N.....	2....
			20-4604276..				GALIC - Bay Bridge Marina, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
			45-5565693..				GALIC - Sorrento, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...65.000	American Financial Group, Inc.	.....N.....	2....
			45-5565693..				GALIC - Sorrento, LLC.....	FL.....	DS.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc.	.....N.....	2....
			31-1391777..				GALIC Brothers, Inc.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...80.000	American Financial Group, Inc.	.....Y.....	.....
			45-1144095..				GALIC Pointe, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...65.000	American Financial Group, Inc.	.....N.....	2....

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)	*
52.2	0084	American Financial Group, Inc.	67083...				GALIC Pointe, LLC.....	FL.....	DS.....	Great American Insurance Company.....	Ownership.....	....35.000	American Financial Group, Inc.	.....N.....	2....
							Manhattan National Holding Corporation.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
							Manhattan National Life Insurance Company.....	OH.....	DS.....	Manhattan National Holding Corporation.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Skipjack Marina Corp.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.	35351...				American Empire Surplus Lines Insurance Company.....	DE.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
			37990...				American Empire Insurance Company.....	OH.....	IA.....	American Empire Surplus Lines Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
							GAI Australia Pty Ltd.....	AUS.....	NIA.....	Great American Holding, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Great American International Insurance Designated Activity Company	IRL.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
	0084	American Financial Group, Inc.					Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Republic Indemnity Company of America.....	CA.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Republic Indemnity Company of California.....	CA.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Summit Consulting, LLC.....	FL.....	NIA.....	Great American Holding, Inc.	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Heritage Summit Healthcare, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Summit Holding Southeast, Inc.....	FL.....	NIA.....	Great American Holding, Inc.	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Bridgefield Employers Insurance Company.....	FL.....	IA.....	Summit Holding Southeast, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Bridgefield Casualty Insurance Company.....	FL.....	IA.....	Bridgefield Employers Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
	0084	American Financial Group, Inc.					Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
							Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....80.000	American Financial Group, Inc.	.....Y.....	
							Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	
							Crescent Centre Apartments.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	1....
							Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
							Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
							Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
							El Aguila, Compañía de Seguros, S.A. de C.V.....	MEX.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	
							Financiadora de Primas Condor, S.A. de C.V.....	MEX.....	NIA.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	Ownership.....	....99.000	American Financial Group, Inc.	.....N.....	
							Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	

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)	*
52.3			13-3628555..				FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
							Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management.....	.....	American Financial Group, Inc.....	.....N.....	3....
			81-0814136..				GAI Mexico Holdings, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
			31-1753938..				GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
			31-1765544..				GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							GAI Warranty Company of Canada Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
			61-1329718..				Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
			74-2693636..				Great American Agency of Texas, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
	0084	American Financial Group, Inc.	26832...	95-1542353..			Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	26344...	15-6020948..			Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	39896...	61-0983091..			Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	10646...	36-4079497..			Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	37532...	31-0954439..			Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	41858...	31-1036473..			Great American Fidelity Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
	0084	American Financial Group, Inc.	22136...	13-5539046..			Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	38024...	31-0974853..			Great American Lloyd's Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Other.....	.....	American Financial Group, Inc.....	.....N.....	4....
							Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
							Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
	0084	American Financial Group, Inc.	38580...	31-1288778..			Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
	0084	American Financial Group, Inc.	31135...	31-1209419..			Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	33723...	31-1237970..			Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							Insurance (GB) Limited.....	GBR.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
							Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
							National Interstate Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
							American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							Hudson Indemnity, Ltd.....	CYM.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							Hudson Management Group, Ltd.....	VIR.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	.....	American Financial Group, Inc.....	.....N.....	5....
	0084	American Financial Group, Inc.	32620...	34-1607395..			National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
	0084	American Financial Group, Inc.	11051...	99-0345306..			National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....N.....	
							TransProtection Service Company.....	MO.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....Y.....	
	0084	American Financial Group, Inc.	41106...	95-3623282..			Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....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)	*
0084	American Financial Group, Inc.	21172...	86-0114294..	.....	.....	.....	Vanliner Insurance Company.....	MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	.....
.....	20-5546054..	.....	.....	.....	Safety Claims & Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	.....
.....	46-4570914..	.....	.....	.....	Safety, Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	.....
.....	871850814..	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	....49.000	American Financial Group, Inc.	.....Y.....	.....
.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.000	American Financial Group, Inc.	.....Y.....	.....
.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	.....
.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	.....
.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	.....
.....	31-0728327..	.....	.....	.....	Three East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.000	American Financial Group, Inc.	.....N.....	.....

Aster Explanation

1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.
5	Company is affiliated but not owned.

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)
Affiliated Transactions												
00000.....	31-1544320.....	American Financial Group, Inc.....	.....230,000,000	.....(300,000,000)	.....	.....	.....343,724,984	.....	.....	.....	.....273,724,984	.....
00000.....	98-1073776.....	GAI Insurance Company, Ltd.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....(6,384,000)
00000.....		Lloyd's Syndicate 2468.....	.....	.....	.....	.....	.....	.....0	.....	.....	.....0	.....627,000
00000.....	06-1356481.....	Great American Financial Resources, Inc.....	.....140,000,000	.....(31,435,633)	.....	.....	.....	.....	.....	.....	.....108,564,367	.....
63312.....	13-1935920.....	Great American Life Insurance Company.....	.....(140,000,000)	.....36,509,268	.....	.....	.....(178,794,178)	.....	.....	.....	.....(282,284,910)	.....
00000.....	47-5618395.....	GA Key Lime, LLC.....	.....	.....1,211,990	.....	.....	.....	.....	.....	.....	.....1,211,990	.....
00000.....	45-5565693.....	GALIC - Sorrento, LLC.....	.....	.....(1,135,830)	.....	.....	.....	.....	.....	.....	.....(1,135,830)	.....
00000.....	45-1144095.....	GALIC Pointe, LLC.....	.....	.....(6,784,295)	.....	.....	.....	.....	.....	.....	.....(6,784,295)	.....
00000.....	42-1575938.....	Great American Holding, Inc.....	.....145,000,000	.....(30,000,000)	.....	.....	.....	.....	.....	.....	.....115,000,000	.....
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....	.....	.....30,000,000	.....	.....	.....	.....	.....*	.....	.....30,000,000	.....29,483,000
00000.....		Great American International Insurance Designated Activity Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....17,818,000
23418.....	73-0556513.....	Mid-Continent Casualty Company.....	.....(20,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(20,000,000)	.....(1,777,000)
22179.....	95-2801326.....	Republic Indemnity Company of America.....	.....(125,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(125,000,000)	.....(57,572,000)
00000.....	59-3409855.....	Summit Holding Southeast, Inc.....	.....10,000,000	.....	.....	.....	.....	.....	.....	.....	.....10,000,000	.....
10701.....	59-1835212.....	Bridgefield Employers Insurance Company.....	.....(5,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(5,000,000)	.....
10335.....	59-3269531.....	Bridgefield Casualty Insurance Company.....	.....(5,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(5,000,000)	.....(702,000)
16691.....	31-0501234.....	Great American Insurance Company.....	.....(198,425,930)	.....268,332,009	.....	.....	.....(164,930,806)	.....	.....*	.....	.....(95,024,727)	.....16,939,000
00000.....	59-2840291.....	Brothers Property Corporation.....	.....(8,000,000)	.....	.....	.....	.....	.....	.....	.....	.....(8,000,000)	.....
00000.....	31-0589001.....	Dempsey & Siders Agency, Inc.....	.....	.....350,000	.....	.....	.....	.....	.....	.....	.....350,000	.....
00000.....		El Aguila, Compania de Seguros, S.A. de C.V.....	.....	.....502,491	.....	.....	.....	.....	.....	.....	.....502,491	.....
00000.....	39-1404033.....	Farmers Crop Insurance Alliance, Inc.....	.....(90,000)	.....	.....	.....	.....	.....	.....	.....	.....(90,000)	.....
00000.....	13-3628555.....	FCIA Management Company, Inc.....	.....(500,070)	.....	.....	.....	.....	.....	.....	.....	.....(500,070)	.....
00000.....	31-1765544.....	GAI Warranty Company of Florida.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....2,820,000
00000.....	61-1329718.....	Global Premier Finance Company.....	.....(1,000,000)	.....	.....	.....	.....	.....	.....	.....	.....(1,000,000)	.....
39896.....	61-0983091.....	Great American Casualty Insurance Company.....	.....(1,100,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,100,000)	.....
00000.....	31-1652643.....	Great American Insurance Agency, Inc.....	.....(500,000)	.....	.....	.....	.....	.....	.....	.....	.....(500,000)	.....
22136.....	13-5539046.....	Great American Insurance Company of New York.....	.....(1,200,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,200,000)	.....
38024.....	31-0974853.....	Great American Lloyd's Insurance Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....3,432,000
38580.....	31-1288778.....	Great American Protection Insurance Company.....	.....(2,400,000)	.....	.....	.....	.....	.....	.....*	.....	.....(2,400,000)	.....
31135.....	31-1209419.....	Great American Security Insurance Company.....	.....(1,600,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,600,000)	.....
33723.....	31-1237970.....	Great American Spirit Insurance Company.....	.....(1,800,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,800,000)	.....
00000.....		Insurance (GB) Limited.....	.....	.....450,000	.....	.....	.....	.....	.....	.....	.....450,000	.....
00000.....	34-1607394.....	National Interstate Corporation.....	.....(9,384,000)	.....32,000,000	.....	.....	.....	.....	.....	.....	.....22,616,000	.....
00000.....	98-0191335.....	Hudson Indemnity, Ltd.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....(301,081,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....	.....1,100,000	.....	.....	.....	.....	.....	.....*	.....	.....1,100,000	.....242,254,000
11051.....	99-0345306.....	National Interstate Insurance Company of Hawaii, Inc.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	.....16,695,000
00000.....	43-1254631.....	TransProtection Service Company.....	.....(1,100,000)	.....	.....	.....	.....	.....	.....	.....	.....(1,100,000)	.....
41106.....	95-3623282.....	Triumphe Casualty Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	.....15,959,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	.....26,194,000
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	.....(4,000,000)	.....	.....	.....	.....	.....	.....	.....	.....(4,000,000)	.....
9999999.....	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....4,705,000

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)

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
35351	American Empire Surplus Lines Insurance Company	90.00%	16691	Great American Insurance Company	100.00%
37990	American Empire Insurance Company	10.00%	26832	Great American Alliance Insurance Company	
			26344	Great American Assurance Company	
23418	Mid-Continent Casualty Company	100.00%	39896	Great American Casualty Insurance Company	
15380	Mid-Continent Assurance Company		10646	Great American Contemporary Insurance Company	
23426	Oklahoma Surety Company		37532	Great American E & S Insurance Company	
13794	Mid-Continent Excess and Surplus Insurance Company		41858	Great American Fidelity Insurance Company	
			22136	Great American Insurance Company of New York	
22179	Republic Indemnity Company of America	100.00%	38580	Great American Protection Insurance Company	
43753	Republic Indemnity Company of California		31135	Great American Security Insurance Company	
10701	Bridgefield Employers Insurance Company		33723	Great American Spirit Insurance Company	
10335	Bridgefield Casualty Insurance Company				
32620	National Interstate Insurance Company	70.00%			
21172	Vanliner Insurance Company	26.00%			
11051	National Interstate Insurance Company of Hawaii, Inc.	2.00%			
41106	Triumphe Casualty Company	2.00%			

Annual Statement for the year 2016 of the

GREAT AMERICAN 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?	WAIVED

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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	SEE EXPLANATION
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Annual Statement for the year 2016 of the

GREAT AMERICAN 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.

EXPLANATIONS:

BAR CODE:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 2 2 2 0 0 0 0 0 *</div><div></div></div>
12. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 2 0 0 0 0 0 0 *</div><div></div></div>
13.	
14. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 9 0 0 0 0 0 0 *</div><div></div></div>
15.	
16.	
17.	
18. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 4 3 0 0 0 0 0 *</div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 4 4 0 0 0 0 0 *</div><div></div></div>
19. NOT APPLICABLE	
20. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 4 5 0 0 0 0 0 *</div><div></div></div>
21.	
22. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 4 7 0 0 0 0 0 *</div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 4 8 0 0 0 0 0 *</div><div></div></div>
23. NOT APPLICABLE	
24. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 4 9 0 0 0 0 0 *</div><div></div></div>
25.	
26. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 5 1 0 0 0 0 0 *</div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 5 2 0 0 0 0 0 *</div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 5 3 0 0 0 0 0 *</div><div></div></div>
27. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 3 6 0 0 0 0 0 *</div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 3 7 0 0 0 0 0 *</div><div></div></div>
28. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 3 8 0 0 0 0 0 *</div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 3 9 0 0 0 0 0 *</div><div></div></div>
29. NOT APPLICABLE	
30. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 6 4 5 4 0 0 0 0 0 *</div><div></div></div>
31. NOT APPLICABLE	
32. NOT APPLICABLE	
33. NOT APPLICABLE	
34. NOT APPLICABLE	

Annual Statement for the year 2016 of the

GREAT AMERICAN 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.

35.
36. NOT APPLICABLE
37. NOT APPLICABLE
38. NOT APPLICABLE
39. NOT APPLICABLE
40.
41.
42.
43. NOT APPLICABLE
44.
45.
46.
47. NOT APPLICABLE
48. NOT APPLICABLE
49. NOT APPLICABLE
50.
51.

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Interest rate swap collateral receivable.....	.....60,066,411	.....	.....60,066,411	.....14,096,957
2505. Inventory and prepaid assets on real estate holdings.....	.....3,497,374	.....3,497,374	.....0	.....
2506. Accounts receivable.....	.....209,714	.....141,172	.....68,542	.....68,543
2597. Summary of remaining write-ins for Line 25.....	.....63,773,499	.....3,638,546	.....60,134,953	.....14,165,500

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31 Prior Year
2504. Unfunded commitment fee liability.....	.....1,512,739	.....
2597. Summary of remaining write-ins for Line 25.....	.....1,512,739	.....0

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
08.304	Miscellaneous income.....	.....24,619	.....249,227
08.397	Summary of remaining write-ins for Line 8.3.....	.....24,619	.....249,227

Annual Statement for the year 2016 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
08.304. Miscellaneous income.....	24,619			24,619								
08.397. Summary of remaining write-ins for Line 8.3.....	24,619	0	0	24,619	0	0	0	0	0	0	0	0

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPC0001.....	C.....	.....NO.....	....34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....11	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	....34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....44,330	.....31,978	.....72.1	.....13	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	....34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....20,995	.....9,886	.....47.1	.....6	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....35,375	.....22,201	.....62.8	.....10	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....100,700	.....64,076	.....63.6	.....29	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34060.....	.12/24/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....20,356	.....8,559	.....42.0	.....5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....20,356	.....8,559	.....42.0	.....5	.....0	.....0	.....0.0	.....0

360.CO

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPB0001.....	B.....	.....NO.....	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....3,049	.....1,869	.....61.3	.....1	.....	.....	.....0.0	.....
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....18,493	.....16,837	.....91.0	.....5	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....161,143	.....140,369	.....87.1	.....63	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....157,716	.....73,914	.....46.9	.....52	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....83,190	.....57,936	.....69.6	.....31	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....423,591	.....290,925	.....68.7	.....152	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	.....34060.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,603	.....3,355	.....128.9	.....1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	.....34060.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....10,971	.....2,571	.....23.4	.....3	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	.....34060.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....12,261	.....1,706	.....13.9	.....3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....25,835	.....7,632	.....29.5	.....7	.....0	.....0	.....0.0	.....0

360.GA

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34000.....	.02/24/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....228,954	.....148,294	.....64.8	.....69	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34000.....	.02/24/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....6,646	.....(36)	.....(0.5)	.....2	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....235,600	.....148,258	.....62.9	.....71	.....0	.....0	.....0.0	.....0

360.1A

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34060.....	.02/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....67,091	.....38,986	.....58.1	.....18	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34060.....	.02/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,534	.....1,366	.....53.9	.....1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....69,625	.....40,352	.....58.0	.....19	.....0	.....0	.....0.0	.....0

360.IL

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....76,846	.....92,324	.....120.1	.....29	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....149,624	.....136,238	.....91.1	.....51	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....36,330	.....22,102	.....60.8	.....14	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....262,800	.....250,664	.....95.4	.....94	......0	.....0	.....0.0	.....0

360.IN

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	.....34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....11,631	.....40,179	.....345.4	.....4	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	.....34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....146,867	.....175,307	.....119.4	.....42	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	.....34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....73,024	.....47,368	.....64.9	.....24	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....231,522	.....262,854	.....113.5	.....70	......0	.....0	.....0.0	.....0

360.KS

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPB0001.....	B.....	.....NO.....	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....7,956	.....1,875	.....23.6	.....2	.....	.....	.....0.0	.....
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....3,473	.....332	.....9.6	.....1	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....37,577	.....22,685	.....60.4	.....11	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....507,326	.....422,066	.....83.2	.....138	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....68,522	.....53,697	.....78.4	.....21	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....624,854	.....500,655	.....80.1	.....173	.....0	.....0	.....0.0	.....0

360.KY

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34000.....	.10/04/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....8,837	.....3,269	.....37.0	.....2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....8,837	.....3,269	.....37.0	.....2	.....0	.....0	.....0.0	.....0

360.MI

GENERAL INTERROGATORIES

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

XXX

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 1-866-459-4272
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 1-866-459-4272

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

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,441	.....4,089	.....167.5	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....143,420	.....76,849	.....53.6	.....41	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....27,587	.....21,996	.....79.7	.....8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....173,448	.....102,934	.....59.3	.....49	.....0	.....0	.....0.0	.....0

360.MO

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34060.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,214	.....823	.....37.2	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34060.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,540	.....(9)	.....(0.4)	.....1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....4,754	.....814	.....17.1	.....1	.....0	.....0	.....0.0	.....0

360.MS

GENERAL INTERROGATORIES

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

XXX

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 1-866-459-4272

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 1-866-459-4272

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

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPC0001.....	C.....	.....NO.....	....34000.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....7,301	.....8,332	.....114.1	.....2	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	....34000.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....16,680	.....5,875	.....35.2	.....4	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	....34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....450,243	.....269,459	.....59.8	.....114	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34000.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....120,114	.....81,090	.....67.5	.....32	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....594,338	.....364,756	.....61.4	.....152	.....0	.....0	.....0.0	.....0

360.NC

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34000.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....57,937	.....31,519	.....54.4	.....17	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34000.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....11,517	.....4,017	.....34.9	.....4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....69,454	.....35,536	.....51.2	.....21	.....0	.....0	.....0.0	.....0

360.NE

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....New Hampshire



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	....34060.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,952	.....13	.....0.4	.....1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	....34060.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....13,879	.....2,352	.....16.9	.....4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....16,831	.....2,365	.....14.1	.....5	.....0	.....0	.....0.0	.....0

360.NH

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPG0001.....	G.....	.....NO.....	....34000.....	.09/26/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,519	.....3,128	.....69.2	.....1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....4,519	.....3,128	.....69.2	.....1	.....0	.....0	.....0.0	.....0

360.NV

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPC0001.....	C.....	.....NO.....	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....7,015	.....2,857	.....40.7	.....2	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....31,786	.....7,860	.....24.7	.....9	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....39,932	.....22,675	.....56.8	.....11	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....15,945	.....17,510	.....109.8	.....4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....94,678	.....50,902	.....53.8	.....26	......0	.....0	.....0.0	......0

360.OH

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....543	.....(75)	.....(13.8)	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....183,144	.....133,006	.....72.6	.....52	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....42,453	.....42,326	.....99.7	.....12	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....226,140	.....175,257	.....77.5	.....64	......0	.....0	.....0.0	.....0

360.OK

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34060.....	.01/09/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....16,010	.....7,508	.....46.9	.....5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....16,010	.....7,508	.....46.9	.....5	.....0	.....0	.....0.0	.....0

360.0R

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	.....34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....6,713	.....262	.....3.9	.....2	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	.....34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....23,939	.....8,119	.....33.9	.....9	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	.....34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....6,207	.....1,649	.....26.6	.....2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....36,859	.....10,030	.....27.2	.....13	......0	.....0	.....0.0	.....0

360.PA

GENERAL INTERROGATORIES

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

XXX

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 1-866-459-4272

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 1-866-459-4272

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

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	.02/18/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....14,813	.....2,388	.....16.1	.....4	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	.02/18/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....246,633	.....159,291	.....64.6	.....69	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	.02/18/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....411,557	.....223,324	.....54.3	.....127	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....673,003	.....385,003	.....57.2	.....200	......0	.....0	.....0.0	.....0

360.SC

GENERAL INTERROGATORIES

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

XXX

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 1-866-459-4272

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 1-866-459-4272

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

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	.....34060.....	.02/13/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....421,985	.....246,565	.....58.4	.....95	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	.....34060.....	.02/13/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....96,547	.....67,112	.....69.5	.....26	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....518,532	.....313,677	.....60.5	.....121	.....0	.....0	.....0.0	.....0

360.TN

GENERAL INTERROGATORIES

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

XXX

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 1-866-459-4272

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 1-866-459-4272

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

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPA0001.....	A.....	.....NO.....	.....34060.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....13,518	.....7,320	.....54.2	.....4	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	.....34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....211,424	.....172,455	.....81.6	.....55	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	.....34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....52,516	.....30,460	.....58.0	.....14	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....277,458	.....210,235	.....75.8	.....73	......0	.....0	.....0.0	.....0

360.TX

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34000.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....42,822	.....24,907	.....58.2	.....13	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34000.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....31,992	.....11,536	.....36.1	.....10	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....74,814	.....36,443	.....48.7	.....23	.....0	.....0	.....0.0	.....0

360.UT

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34000.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....33,810	.....20,190	.....59.7	.....9	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34000.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....39,296	.....62,084	.....158.0	.....12	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....73,106	.....82,274	.....112.5	.....21	.....0	.....0	.....0.0	.....0

360.VA

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



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

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSP-WI.....	O.....	.....NO.....	....34060.....	.03/30/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....218,978	.....138,415	.....63.2	.....67	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....218,978	.....138,415	.....63.2	.....67	.....0	.....0	.....0.0	.....0

360.WI

GENERAL INTERROGATORIES

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

XXX
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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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.....	1MSPF0001.....	F.....	.....NO.....	....34000.....	.10/29/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....7,818	.....8,613	.....110.2	.....2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....7,818	.....8,613	.....110.2	.....2	.....0	.....0	.....0.0	.....0

360.WV

GENERAL INTERROGATORIES

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

XXX

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 1-866-459-4272
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 1-866-459-4272

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

XXX

Annual Statement for the year 2016 of the

GREAT AMERICAN 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		
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	

Annual Statement for the year 2016 of the

GREAT AMERICAN 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.....				XXX.....	XXX.....
2. 2013.....	XXX.....				XXX.....
3. 2014.....	XXX.....	XXX.....			
4. 2015.....	XXX.....	XXX.....	XXX.....	1.....	
5. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....

Section B - Other Accident and Health

1. 2012.....				XXX.....	XXX.....
2. 2013.....	XXX.....			.865.....	XXX.....
3. 2014.....	XXX.....	XXX.....		1,135.....	1,556.....
4. 2015.....	XXX.....	XXX.....	XXX.....	2,188.....	2,386.....
5. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	2,280.....

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

Annual Statement for the year 2016 of the

GREAT AMERICAN 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.....					
2. 2013.....	XXX				
3. 2014.....	XXX	XXX			
4. 2015.....	XXX	XXX	XXX		
5. 2016.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2012.....				.51	.264
2. 2013.....	XXX			.916	.379
3. 2014.....	XXX	XXX		1,199	2,091
4. 2015.....	XXX	XXX	XXX	2,311	3,194
5. 2016.....	XXX	XXX	XXX	XXX	2,506

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	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....	Standard Factor.....	6,781
3. Individual annuity.....	Standard Factor.....	129,819
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....	Standard Factor.....	49
7. Group annuities.....	Standard Factor.....	2,581
8. Group accident and health.....	Other.....	1
9. Credit accident and health.....		
10. Other accident and health.....	Other.....	6,010
11. Total.....		145,242

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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