LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

Loyal American Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) NAIC Company Code..... 65722 Employer's ID Number..... 63-0343428

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

Incorporated/Organized..... May 18, 1955 Commenced Business..... July 4, 1955

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

Main Administrative Office 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US..... 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman (512) 531-1465
(Name) (Area Code) (Telephone Number) (Extension)
CSBFinRpt@cigna.com (512) 467-1399
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

(Signature)	(Signature)	(Signature)
Brian Case Evanko	Byron Keith Buescher	Anna Krishtul
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer and Chief Accounting Officer	Secretary
(Title)	(Title)	(Title)

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

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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	165,224				165,224
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	165,232	0	0	0	165,232
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,915				2,915
6.2	Applied to pay renewal premiums	265				265
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	35				35
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,215	0	0	0	3,215
	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)	3,215	0	0	0	3,215
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	185,198				185,198
10.	Matured endowments					0
11.	Annuity benefits	422,526				422,526
12.	Surrender values and withdrawals for life contracts	176,342				176,342
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	784,066	0	0	0	784,066
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	185,990							4	185,990
17.	Incurred during current year	2	99,075							2	99,075
	Settled during current year:										
18.1	By payment in full	3	180,065							3	180,065
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	180,065	0	0	0	0	0	0	3	180,065
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	180,065	0	0	0	0	0	0	3	180,065
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	105,000	0	0	0	0	0	0	3	105,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	296	36,060,654		(a)					296	36,060,654
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(35)	(3,290,884)							(35)	(3,290,884)
23.	In force December 31 of current year	261	32,769,770	0	(a) 0	0	0	0	0	261	32,769,770

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.

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DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,097				1,097
2.	Annuity considerations	12				12
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,109	0	0	0	1,109
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	270				270
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	35				35
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	305	0	0	0	305
	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)	305	0	0	0	305
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	18,000				18,000
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	18,000	0	0	0	18,000
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	8	91,701		(a)					8	91,701
21.	Issued during year									0	0
22.	Other changes to in force (Net)		48							0	48
23.	In force December 31 of current year	8	91,749	0	(a) 0	0	0	0	0	8	91,749

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	177	177		13	12
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)	226,140	224,300		210,133	223,373
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)	226,140	224,300	0	210,133	223,373
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	226,317	224,477	0	210,146	223,385

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	552,989				552,989
2.	Annuity considerations	4,195				4,195
3.	Deposit-type contract funds	1,042	XXX		XXX	1,042
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	558,226	0	0	0	558,226
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	12,661				12,661
6.2	Applied to pay renewal premiums	396				396
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	232				232
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	13,289	0	0	0	13,289
	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)	13,289	0	0	0	13,289
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	575,374		2,500		577,874
10.	Matured endowments	7,321				7,321
11.	Annuity benefits	56,038				56,038
12.	Surrender values and withdrawals for life contracts	466,082				466,082
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	1,104,815	0	2,500	0	1,107,315
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	70	213,398							70	213,398
17.	Incurred during current year	103	560,989			2	2,500			105	563,489
	Settled during current year:										
18.1	By payment in full	116	544,818			2	2,500			118	547,318
18.2	By payment on compromised claims									0	0
18.3	Totals paid	116	544,818	0	0	2	2,500	0	0	118	547,318
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	116	544,818	0	0	2	2,500	0	0	118	547,318
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	57	229,569	0	0	0	0	0	0	57	229,569
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,840	53,423,561		(a)	53	1,676,940			2,893	55,100,501
21.	Issued during year	87	651,500							87	651,500
22.	Other changes to in force (Net)	(219)	(3,614,119)			(16)	(382,020)			(235)	(3,996,139)
23.	In force December 31 of current year	2,708	50,460,942	0	(a) 0	37	1,294,920	0	0	2,745	51,755,862

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	30,877	30,610		8,821	5,978
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	52		331	(1,563)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,742,088	3,766,537		2,043,754	1,985,774
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)	3,742,088	3,766,537	0	2,043,754	1,985,774
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,773,017	3,797,199	0	2,052,906	1,990,189

(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.

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DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	180,396				180,396
2.	Annuity considerations	486				486
3.	Deposit-type contract funds	138	XXX		XXX	138
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	181,020	0	0	0	181,020
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,435				1,435
6.2	Applied to pay renewal premiums	52				52
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)	1,487	0	0	0	1,487
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,487	0	0	0	1,487
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	214,518				214,518
10.	Matured endowments	1,033				1,033
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	188,374				188,374
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	403,925	0	0	0	403,925
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	22	104,355							22	104,355
17.	Incurred during current year	30	198,027							30	198,027
	Settled during current year:										
18.1	By payment in full	36	199,783							36	199,783
18.2	By payment on compromised claims									0	0
18.3	Totals paid	36	199,783	0	0	0	0	0	0	36	199,783
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	36	199,783	0	0	0	0	0	0	36	199,783
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	102,599	0	0	0	0	0	0	16	102,599
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	832	13,227,548		(a)	9	157,000			841	13,384,548
21.	Issued during year	75	598,500							75	598,500
22.	Other changes to in force (Net)	(84)	(1,189,989)			(2)	(10,000)			(86)	(1,199,989)
23.	In force December 31 of current year	823	12,636,059	0	(a) 0	7	147,000	0	0	830	12,783,059

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	19,031	18,976		2,481	2,365
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)	3,869,031	3,916,040		3,236,464	3,181,285
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)	3,869,031	3,916,040	0	3,236,464	3,181,285
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,888,062	3,935,016	0	3,238,945	3,183,650

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

DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 ARIZONA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	29,800				29,800
2.	Annuity considerations	61				61
3.	Deposit-type contract funds	2,372	XXX		XXX	2,372
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	32,233	0	0	0	32,233
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,175				3,175
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	166				166
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,341	0	0	0	3,341
	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)	3,341	0	0	0	3,341
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	3,663				3,663
10.	Matured endowments	35				35
11.	Annuity benefits	612,102				612,102
12.	Surrender values and withdrawals for life contracts	508,959				508,959
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	1,124,759	0	0	0	1,124,759
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	3,685							1	3,685
	Settled during current year:										
18.1	By payment in full	1	3,685							1	3,685
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	3,685	0	0	0	0	0	0	1	3,685
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	3,685	0	0	0	0	0	0	1	3,685
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	43	1,818,797		(a)					43	1,818,797
21.	Issued during year	13	111,000							13	111,000
22.	Other changes to in force (Net)	(8)	(231,144)							(8)	(231,144)
23.	In force December 31 of current year	48	1,698,653	0	(a) 0	0	0	0	0	48	1,698,653

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,438	2,414		472	672
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	70	70			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	686,646	685,880		309,111	287,172
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)	686,646	685,880	0	309,111	287,172
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	689,154	688,364	0	309,583	287,844

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	96,060				96,060
2.	Annuity considerations	889				889
3.	Deposit-type contract funds	6,637	XXX		XXX	6,637
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	103,586	0	0	0	103,586
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,912				4,912
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	129				129
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,041	0	0	0	5,041
	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)	5,041	0	0	0	5,041
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	73,158				73,158
10.	Matured endowments	36				36
11.	Annuity benefits	403,813				403,813
12.	Surrender values and withdrawals for life contracts	835,034				835,034
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	1,312,041	0	0	0	1,312,041
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	17,036							9	17,036
17.	Incurred during current year	16	94,318							16	94,318
	Settled during current year:										
18.1	By payment in full	15	68,427							15	68,427
18.2	By payment on compromised claims									0	0
18.3	Totals paid	15	68,427	0	0	0	0	0	0	15	68,427
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	15	68,427	0	0	0	0	0	0	15	68,427
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	42,927	0	0	0	0	0	0	10	42,927
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	421	10,855,550		(a)					421	10,855,550
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(31)	(277,764)							(31)	(277,764)
23.	In force December 31 of current year	390	10,577,786	0	(a) 0	0	0	0	0	390	10,577,786

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,507	6,649		3,066	2,972
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)	16,457,725	16,407,223		12,415,316	12,852,873
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)	16,457,725	16,407,223	0	12,415,316	12,852,873
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,464,232	16,413,872	0	12,418,382	12,855,845

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

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	168				168
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	168	0	0	0	168
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	62				62
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)	62	0	0	0	62
	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)	62	0	0	0	62
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0		0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year				(a)					0	0
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.

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DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	19,039				19,039
2.	Annuity considerations	73				73
3.	Deposit-type contract funds	249	XXX		XXX	249
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	19,361	0	0	0	19,361
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,089				1,089
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)	1,089	0	0	0	1,089
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,089	0	0	0	1,089
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	36,654				36,654
10.	Matured endowments					0
11.	Annuity benefits	194,628				194,628
12.	Surrender values and withdrawals for life contracts	273,551				273,551
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	504,833	0	0	0	504,833
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	36,520							2	36,520
	Settled during current year:										
18.1	By payment in full	2	36,520							2	36,520
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	36,520	0	0	0	0	0	0	2	36,520
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	36,520	0	0	0	0	0	0	2	36,520
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	52	3,664,634		(a)	1	6,000			53	3,670,634
21.	Issued during year	16	134,000							16	134,000
22.	Other changes to in force (Net)	(2)	(407,004)							(2)	(407,004)
23.	In force December 31 of current year	66	3,391,630	0	(a) 0	1	6,000	0	0	67	3,397,630

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	785	785		56	55
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)	1,768,743	1,778,698		1,202,848	1,198,540
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)	1,768,743	1,778,698	0	1,202,848	1,198,540
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,769,528	1,779,483	0	1,202,904	1,198,595

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,506				12,506
2.	Annuity considerations	38				38
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,544	0	0	0	12,544
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	168				168
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	66				66
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	234	0	0	0	234
	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)	234	0	0	0	234
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,756				5,756
10.	Matured endowments					0
11.	Annuity benefits	17,942				17,942
12.	Surrender values and withdrawals for life contracts	19,263				19,263
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	42,961	0	0	0	42,961
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	5,255							2	5,255
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	2	5,255							2	5,255
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	5,255	0	0	0	0	0	0	2	5,255
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	5,255	0	0	0	0	0	0	2	5,255
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	23	318,746		(a)					23	318,746
21.	Issued during year	1	25,000							1	25,000
22.	Other changes to in force (Net)	1	5,000							1	5,000
23.	In force December 31 of current year	25	348,746	0	(a) 0	0	0	0	0	25	348,746

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	924	924		66	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)	2,093,836	2,079,754		1,630,076	1,662,464
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)	2,093,836	2,079,754	0	1,630,076	1,662,464
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,094,760	2,080,678	0	1,630,142	1,662,529

(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.

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	8,581				8,581
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	85	XXX		XXX	85
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	8,674	0	0	0	8,674
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	666				666
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	95				95
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	761	0	0	0	761
	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)	761	0	0	0	761
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	27,197				27,197
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	21,573				21,573
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	48,770	0	0	0	48,770
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	20,458							2	20,458
17.	Incurred during current year	1	5,318							1	5,318
	Settled during current year:										
18.1	By payment in full	3	25,776							3	25,776
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	25,776	0	0	0	0	0	0	3	25,776
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	25,776	0	0	0	0	0	0	3	25,776
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	64	770,124		(a)					64	770,124
21.	Issued during year	6	38,500							6	38,500
22.	Other changes to in force (Net)	(7)	(69,631)							(7)	(69,631)
23.	In force December 31 of current year	63	738,993	0	(a) 0	0	0	0	0	63	738,993

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,223	1,223		87	86
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	133,776	131,302		86,996	89,832
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)	133,776	131,302	0	86,996	89,832
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	134,999	132,525	0	87,083	89,918

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

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DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,508				22,508
2.	Annuity considerations	38				38
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	22,546	0	0	0	22,546
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	105				105
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	87				87
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	192	0	0	0	192
	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)	192	0	0	0	192
	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	27,472				27,472
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	27,472	0	0	0	27,472
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	13	194,821		(a)					13	194,821
21.	Issued during year	2	31,000							2	31,000
22.	Other changes to in force (Net)	(4)	(72,516)							(4)	(72,516)
23.	In force December 31 of current year	11	153,305	0	(a) 0	0	0	0	0	11	153,305

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	48,953	48,464		39,648	42,978
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)	48,953	48,464	0	39,648	42,978
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	48,953	48,464	0	39,648	42,978

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	576,456				576,456
2.	Annuity considerations	(19,666)				(19,666)
3.	Deposit-type contract funds	2,060	XXX		XXX	2,060
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	558,850	0	0	0	558,850
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	17,728				17,728
6.2	Applied to pay renewal premiums	13				13
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,707				4,707
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	22,448	0	0	0	22,448
	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)	22,448	0	0	0	22,448
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	749,627				749,627
10.	Matured endowments	43,448				43,448
11.	Annuity benefits	707,996				707,996
12.	Surrender values and withdrawals for life contracts	2,859,180				2,859,180
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	4,360,251	0	0	0	4,360,251
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	111	303,137							111	303,137
17.	Incurred during current year	116	693,945							116	693,945
	Settled during current year:										
18.1	By payment in full	144	745,532							144	745,532
18.2	By payment on compromised claims									0	0
18.3	Totals paid	144	745,532	0	0	0	0	0	0	144	745,532
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	144	745,532	0	0	0	0	0	0	144	745,532
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	83	251,550	0	0	0	0	0	0	83	251,550
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,366	35,348,593		(a)	1	25,550			3,367	35,374,143
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(216)	(1,195,977)				(3,150)			(216)	(1,199,127)
23.	In force December 31 of current year	3,150	34,152,616	0	(a) 0	1	22,400	0	0	3,151	34,175,016

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,613	1,616		126	(2,033)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,489	3,480		3,875	(15,743)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,233,439	2,231,340		1,153,471	1,236,998
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)	2,233,439	2,231,340	0	1,153,471	1,236,998
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,238,541	2,236,436	0	1,157,472	1,219,222

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	304,724				304,724
2. Annuity considerations	191				191
3. Deposit-type contract funds	2,686	XXX		XXX	2,686
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	307,601	0	0	0	307,601
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	62,221				62,221
6.2 Applied to pay renewal premiums	2,378				2,378
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,361				2,361
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	66,960	0	0	0	66,960
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)	66,960	0	0	0	66,960
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	608,827				608,827
10. Matured endowments	23,208				23,208
11. Annuity benefits	90,357				90,357
12. Surrender values and withdrawals for life contracts	216,595				216,595
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	938,987	0	0	0	938,987
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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	39	151,146							39	151,146
17. Incurred during current year	85	608,779							85	608,779
Settled during current year:										
18.1 By payment in full	81	602,616							81	602,616
18.2 By payment on compromised claims									0	0
18.3 Totals paid	81	602,616	0	0	0	0	0	0	81	602,616
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	81	602,616	0	0	0	0	0	0	81	602,616
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	43	157,309	0	0	0	0	0	0	43	157,309
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,743	23,387,970		(a)	4	201,000			2,747	23,588,970
21. Issued during year	106	1,044,500							106	1,044,500
22. Other changes to in force (Net)	(269)	(2,207,515)							(269)	(2,207,515)
23. In force December 31 of current year	2,580	22,224,955	0	(a) 0	4	201,000	0	0	2,584	22,425,955

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,041	5,959		1,212	(887)
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	2,813	2,896		2,193	2,066
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,379,729	2,412,433		1,284,151	1,314,900
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)	2,379,729	2,412,433	0	1,284,151	1,314,900
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,388,583	2,421,288	0	1,287,556	1,316,079

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,647,123		296,087		5,943,210
2.	Annuity considerations	203,569				203,569
3.	Deposit-type contract funds	54,970	XXX		XXX	54,970
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	5,905,662	0	296,087	0	6,201,749
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	224,956				224,956
6.2	Applied to pay renewal premiums	3,533				3,533
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	17,516				17,516
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	246,005	0	0	0	246,005
	Annuities:					
7.1	Paid in cash or left on deposit	229				229
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	229	0	0	0	229
8.	Grand Totals (Lines 6.5 + 7.4)	246,234	0	0	0	246,234
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,418,983		8,500		7,427,483
10.	Matured endowments	196,668				196,668
11.	Annuity benefits	6,687,822				6,687,822
12.	Surrender values and withdrawals for life contracts	16,106,032				16,106,032
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	30,409,505	0	8,500	0	30,418,005
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	642	2,545,147							642	2,545,147
17.	Incurred during current year	1,136	7,287,754			4	8,500			1,140	7,296,254
	Settled during current year:										
18.1	By payment in full	1,230	7,284,949			4	8,500			1,234	7,293,449
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,230	7,284,949	0	0	4	8,500	0	0	1,234	7,293,449
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1,230	7,284,949	0	0	4	8,500	0	0	1,234	7,293,449
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	548	2,547,952	0	0	0	0	0	0	548	2,547,952
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	30,305	487,451,371		(a)	2,012	5,088,332			32,317	492,539,703
21.	Issued during year	1,684	17,131,000							1,684	17,131,000
22.	Other changes to in force (Net)	(2,607)	(39,805,119)			(59)	(1,114,608)			(2,666)	(40,919,727)
23.	In force December 31 of current year	29,382	464,777,252	0	(a) 0	1,953	3,973,724	0	0	31,335	468,750,976

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,456,291	6,501,140		1,735,475	1,868,856
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	21,711	22,253		18,998	(5,724)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	(11)	(5)			(2,286)
25.2	Guaranteed renewable (b)	178,245,963	179,043,713		119,710,557	120,830,792
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	602	602			
25.6	Totals (Sum of Lines 25.1 to 25.5)	178,246,554	179,044,310	0	119,710,557	120,828,506
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	184,724,556	185,567,703	0	121,465,030	122,691,638

(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.

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DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,043				1,043
2.	Annuity considerations					0
3.	Deposit-type contract funds	240	XXX		XXX	240
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,283	0	0	0	1,283
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	66				66
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)	66	0	0	0	66
	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)	66	0	0	0	66
	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	17,124				17,124
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	17,124	0	0	0	17,124
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2	35,000		(a)					2	35,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	2	35,000	0	(a) 0	0	0	0	0	2	35,000

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,479				9,479
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	1,186	XXX		XXX	1,186
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	10,673	0	0	0	10,673
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,094				2,094
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)	2,094	0	0	0	2,094
	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)	2,094	0	0	0	2,094
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	31,226				31,226
10.	Matured endowments					0
11.	Annuity benefits	3,339				3,339
12.	Surrender values and withdrawals for life contracts	9,906				9,906
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	44,471	0	0	0	44,471
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	40,135							3	40,135
	Settled during current year:										
18.1	By payment in full	2	30,821							2	30,821
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	30,821	0	0	0	0	0	0	2	30,821
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	30,821	0	0	0	0	0	0	2	30,821
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	9,314	0	0	0	0	0	0	1	9,314
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	57	922,497		(a)	1	200,000			58	1,122,497
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(79,404)			(1)	(200,000)			(6)	(279,404)
23.	In force December 31 of current year	52	843,093	0	(a) 0	0	0	0	0	52	843,093

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	555	555		39	39
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)	290,284	282,585		115,773	125,554
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)	290,284	282,585	0	115,773	125,554
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	290,839	283,140	0	115,812	125,593

(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.

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,329				12,329
2.	Annuity considerations	40				40
3.	Deposit-type contract funds	257	XXX		XXX	257
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,626	0	0	0	12,626
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	437				437
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	45				45
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	482	0	0	0	482
	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)	482	0	0	0	482
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	16,207				16,207
10.	Matured endowments					0
11.	Annuity benefits	75,359				75,359
12.	Surrender values and withdrawals for life contracts	78,585				78,585
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	170,151	0	0	0	170,151
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	16,142							3	16,142
	Settled during current year:										
18.1	By payment in full	3	16,142							3	16,142
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	16,142	0	0	0	0	0	0	3	16,142
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	16,142	0	0	0	0	0	0	3	16,142
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	35	339,620		(a)	1	100,000			36	439,620
21.	Issued during year	7	116,000							7	116,000
22.	Other changes to in force (Net)	(6)	(101,346)							(6)	(101,346)
23.	In force December 31 of current year	36	354,274	0	(a) 0	1	100,000	0	0	37	454,274

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,173	6,207		1,012	1,092
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)	3,091,576	3,130,550		2,410,823	2,376,783
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)	3,091,576	3,130,550	0	2,410,823	2,376,783
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,097,749	3,136,757	0	2,411,835	2,377,875

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,713				3,713
2. Annuity considerations	15				15
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,728	0	0	0	3,728
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	181				181
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)	181	0	0	0	181
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)	181	0	0	0	181
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,783				6,783
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	114,719				114,719
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	121,502	0	0	0	121,502
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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	93,409							2	93,409
Settled during current year:										
18.1 By payment in full	1	6,766							1	6,766
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	6,766	0	0	0	0	0	0	1	6,766
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	6,766	0	0	0	0	0	0	1	6,766
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	86,643	0	0	0	0	0	0	1	86,643
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	16	966,578		(a)					16	966,578
21. Issued during year	1	3,000							1	3,000
22. Other changes to in force (Net)	(1)	(41,766)							(1)	(41,766)
23. In force December 31 of current year	16	927,812	0	(a) 0	0	0	0	0	16	927,812

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,794,756	1,790,407		1,183,579	1,178,021
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)	1,794,756	1,790,407	0	1,183,579	1,178,021
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,794,756	1,790,407	0	1,183,579	1,178,021

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	161,673				161,673
2.	Annuity considerations	419				419
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	162,092	0	0	0	162,092
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,935				1,935
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)	1,935	0	0	0	1,935
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,935	0	0	0	1,935
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	149,826				149,826
10.	Matured endowments					0
11.	Annuity benefits	137,155				137,155
12.	Surrender values and withdrawals for life contracts	589,717				589,717
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	876,698	0	0	0	876,698
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	5,822							2	5,822
17.	Incurred during current year	10	151,899							10	151,899
	Settled during current year:										
18.1	By payment in full	9	147,610							9	147,610
18.2	By payment on compromised claims									0	0
18.3	Totals paid	9	147,610	0	0	0	0	0	0	9	147,610
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	9	147,610	0	0	0	0	0	0	9	147,610
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	10,111	0	0	0	0	0	0	3	10,111
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	409	8,740,386		(a)	5	275,572			414	9,015,958
21.	Issued during year	89	987,000							89	987,000
22.	Other changes to in force (Net)	(47)	(1,054,826)			(2)	(100,072)			(49)	(1,154,898)
23.	In force December 31 of current year	451	8,672,560	0	(a) 0	3	175,500	0	0	454	8,848,060

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	41,209	41,187		25,790	26,079
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)	11,210,054	11,371,814		8,160,354	8,081,327
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)	11,210,054	11,371,814	0	8,160,354	8,081,327
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,251,263	11,413,001	0	8,186,144	8,107,406

(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.

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	240,129				240,129
2.	Annuity considerations	776				776
3.	Deposit-type contract funds	504	XXX		XXX	504
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	241,409	0	0	0	241,409
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	703				703
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)	703	0	0	0	703
	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)	703	0	0	0	703
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	205,594				205,594
10.	Matured endowments					0
11.	Annuity benefits	171,465				171,465
12.	Surrender values and withdrawals for life contracts	687,271				687,271
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	1,064,330	0	0	0	1,064,330
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	23,484							7	23,484
17.	Incurred during current year	26	221,638							26	221,638
	Settled during current year:										
18.1	By payment in full	27	206,315							27	206,315
18.2	By payment on compromised claims									0	0
18.3	Totals paid	27	206,315	0	0	0	0	0	0	27	206,315
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	27	206,315	0	0	0	0	0	0	27	206,315
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	38,807	0	0	0	0	0	0	6	38,807
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,040	15,804,021		(a)	4	175,500			1,044	15,979,521
21.	Issued during year	36	364,000							36	364,000
22.	Other changes to in force (Net)	(91)	(1,318,052)			(1)	(500)			(92)	(1,318,552)
23.	In force December 31 of current year	985	14,849,969	0	(a) 0	3	175,000	0	0	988	15,024,969

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,785	7,098		525	521
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)		27			(15)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	10,355,962	10,494,530		7,987,595	8,051,897
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)	10,355,962	10,494,530	0	7,987,595	8,051,897
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,362,747	10,501,655	0	7,988,120	8,052,403

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	40,550				40,550
2.	Annuity considerations	23				23
3.	Deposit-type contract funds	558	XXX		XXX	558
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	41,131	0	0	0	41,131
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	493				493
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	62				62
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	555	0	0	0	555
	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)	555	0	0	0	555
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	71,794				71,794
10.	Matured endowments					0
11.	Annuity benefits	168,345				168,345
12.	Surrender values and withdrawals for life contracts	148,901				148,901
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	389,040	0	0	0	389,040
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	20,273							6	20,273
17.	Incurred during current year	11	56,329							11	56,329
	Settled during current year:										
18.1	By payment in full	14	65,721							14	65,721
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	65,721	0	0	0	0	0	0	14	65,721
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	65,721	0	0	0	0	0	0	14	65,721
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	10,881	0	0	0	0	0	0	3	10,881
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	238	4,807,216		(a)					238	4,807,216
21.	Issued during year	24	208,500							24	208,500
22.	Other changes to in force (Net)	(24)	(255,192)							(24)	(255,192)
23.	In force December 31 of current year	238	4,760,524	0	(a) 0	0	0	0	0	238	4,760,524

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	323,964	349,784		133,334	156,293
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	70	70			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	7,009,898	7,032,429		3,762,552	3,905,638
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)	7,009,898	7,032,429	0	3,762,552	3,905,638
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,333,932	7,382,283	0	3,895,886	4,061,931

(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.

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	74,249				74,249
2.	Annuity considerations	119				119
3.	Deposit-type contract funds	154	XXX		XXX	154
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	74,522	0	0	0	74,522
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,681				2,681
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)	2,681	0	0	0	2,681
	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)	2,681	0	0	0	2,681
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	33,930				33,930
10.	Matured endowments	4,253				4,253
11.	Annuity benefits	27,578				27,578
12.	Surrender values and withdrawals for life contracts	62,000				62,000
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	127,761	0	0	0	127,761
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	10,000							2	10,000
17.	Incurred during current year	4	40,144							4	40,144
	Settled during current year:										
18.1	By payment in full	3	38,071							3	38,071
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	38,071	0	0	0	0	0	0	3	38,071
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	38,071	0	0	0	0	0	0	3	38,071
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	12,073	0	0	0	0	0	0	3	12,073
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	107	3,042,046		(a)					107	3,042,046
21.	Issued during year	56	668,000							56	668,000
22.	Other changes to in force (Net)	(11)	(451,592)							(11)	(451,592)
23.	In force December 31 of current year	152	3,258,454	0	(a) 0	0	0	0	0	152	3,258,454

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	4,525,666	4,565,385		3,035,068	3,006,304
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)	4,525,666	4,565,385	0	3,035,068	3,006,304
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,525,666	4,565,385	0	3,035,068	3,006,304

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	204,384				204,384
2.	Annuity considerations	305				305
3.	Deposit-type contract funds	258	XXX		XXX	258
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	204,947	0	0	0	204,947
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	6,412				6,412
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)	6,412	0	0	0	6,412
	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)	6,412	0	0	0	6,412
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	220,800				220,800
10.	Matured endowments	38				38
11.	Annuity benefits	172				172
12.	Surrender values and withdrawals for life contracts	139,321				139,321
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	360,331	0	0	0	360,331
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	13	138,738							13	138,738
17.	Incurred during current year	19	234,895							19	234,895
	Settled during current year:										
18.1	By payment in full	23	208,380							23	208,380
18.2	By payment on compromised claims									0	0
18.3	Totals paid	23	208,380	0	0	0	0	0	0	23	208,380
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	23	208,380	0	0	0	0	0	0	23	208,380
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	165,253	0	0	0	0	0	0	9	165,253
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	989	27,215,074		(a)	1	41,678			990	27,256,752
21.	Issued during year	67	705,000							67	705,000
22.	Other changes to in force (Net)	(82)	(2,312,582)			(1)	(41,678)			(83)	(2,354,260)
23.	In force December 31 of current year	974	25,607,492	0	(a) 0	0	0	0	0	974	25,607,492

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	664,296	661,354		119,230	125,699
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	337	337			(1,311)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,184,678	4,175,732		1,586,001	1,608,168
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)	4,184,678	4,175,732	0	1,586,001	1,608,168
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,849,311	4,837,423	0	1,705,231	1,732,556

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

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	72,054				72,054
2.	Annuity considerations	351				351
3.	Deposit-type contract funds	420	XXX		XXX	420
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	72,825	0	0	0	72,825
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	562				562
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)	562	0	0	0	562
	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)	562	0	0	0	562
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	110,460				110,460
10.	Matured endowments					0
11.	Annuity benefits	4,135				4,135
12.	Surrender values and withdrawals for life contracts	381,614				381,614
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	496,209	0	0	0	496,209
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	19,316							8	19,316
17.	Incurred during current year	20	152,376							20	152,376
	Settled during current year:										
18.1	By payment in full	16	107,398							16	107,398
18.2	By payment on compromised claims									0	0
18.3	Totals paid	16	107,398	0	0	0	0	0	0	16	107,398
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	107,398	0	0	0	0	0	0	16	107,398
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	64,294	0	0	0	0	0	0	12	64,294
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	361	5,150,926		(a)	1	66,200			362	5,217,126
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(28)	(291,965)				(4,500)			(28)	(296,465)
23.	In force December 31 of current year	333	4,858,961	0	(a) 0	1	61,700	0	0	334	4,920,661

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,367	1,377		103	(98)
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)	50,046	50,753		39,745	40,638
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)	50,046	50,753	0	39,745	40,638
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	51,413	52,130	0	39,848	40,540

(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.

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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	73,485				73,485
2.	Annuity considerations	594				594
3.	Deposit-type contract funds	2,511	XXX		XXX	2,511
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	76,590	0	0	0	76,590
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,131				3,131
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	40				40
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,171	0	0	0	3,171
	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)	3,171	0	0	0	3,171
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	44,013				44,013
10.	Matured endowments	117				117
11.	Annuity benefits	125,769				125,769
12.	Surrender values and withdrawals for life contracts	69,859				69,859
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	239,758	0	0	0	239,758
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	43,285							9	43,285
17.	Incurred during current year	8	44,615							8	44,615
	Settled during current year:										
18.1	By payment in full	10	42,667							10	42,667
18.2	By payment on compromised claims									0	0
18.3	Totals paid	10	42,667	0	0	0	0	0	0	10	42,667
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	10	42,667	0	0	0	0	0	0	10	42,667
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	45,233	0	0	0	0	0	0	7	45,233
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	209	3,528,346		(a)	1	6,000			210	3,534,346
21.	Issued during year	35	309,000							35	309,000
22.	Other changes to in force (Net)	(18)	(184,831)							(18)	(184,831)
23.	In force December 31 of current year	226	3,652,515	0	(a) 0	1	6,000	0	0	227	3,658,515

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	7,549	7,532		767	690
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)	278,333	275,258		98,845	114,639
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)	278,333	275,258	0	98,845	114,639
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	285,882	282,790	0	99,612	115,329

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	67,513				67,513
2.	Annuity considerations	517				517
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	68,030	0	0	0	68,030
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	652				652
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	48				48
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	700	0	0	0	700
	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)	700	0	0	0	700
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	48,136				48,136
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	63,506				63,506
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	111,642	0	0	0	111,642
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	3,223							2	3,223
17.	Incurred during current year	8	48,292							8	48,292
	Settled during current year:										
18.1	By payment in full	7	47,883							7	47,883
18.2	By payment on compromised claims									0	0
18.3	Totals paid	7	47,883	0	0	0	0	0	0	7	47,883
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	7	47,883	0	0	0	0	0	0	7	47,883
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	3,632	0	0	0	0	0	0	3	3,632
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	327	4,902,236		(a)					327	4,902,236
21.	Issued during year	2	28,000							2	28,000
22.	Other changes to in force (Net)	(17)	(281,285)							(17)	(281,285)
23.	In force December 31 of current year	312	4,648,951	0	(a) 0	0	0	0	0	312	4,648,951

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	483,851	479,501		226,035	238,514
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)	483,851	479,501	0	226,035	238,514
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	483,851	479,501	0	226,035	238,514

(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 MICHIGAN DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	45,790				45,790
2.	Annuity considerations	1,635				1,635
3.	Deposit-type contract funds	79	XXX		XXX	79
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	47,504	0	0	0	47,504
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,530				1,530
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	140				140
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,670	0	0	0	1,670
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,670	0	0	0	1,670
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	29,557				29,557
10.	Matured endowments					0
11.	Annuity benefits	454,481				454,481
12.	Surrender values and withdrawals for life contracts	868,267				868,267
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	1,352,305	0	0	0	1,352,305
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	8	45,327							8	45,327
	Settled during current year:										
18.1	By payment in full	6	29,327							6	29,327
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	29,327	0	0	0	0	0	0	6	29,327
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	29,327	0	0	0	0	0	0	6	29,327
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	116,000	0	0	0	0	0	0	3	116,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	80	5,726,298		(a)					80	5,726,298
21.	Issued during year	20	219,000							20	219,000
22.	Other changes to in force (Net)	(7)	(191,078)							(7)	(191,078)
23.	In force December 31 of current year	93	5,754,220	0	(a) 0	0	0	0	0	93	5,754,220

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	9,396	9,222		1,138	1,114
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)	6,068,658	6,121,075		4,820,552	4,784,243
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)	6,068,658	6,121,075	0	4,820,552	4,784,243
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,078,054	6,130,297	0	4,821,690	4,785,357

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,415				22,415
2.	Annuity considerations	32,272				32,272
3.	Deposit-type contract funds	13	XXX		XXX	13
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	54,700	0	0	0	54,700
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	794				794
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	162				162
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	956	0	0	0	956
	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)	956	0	0	0	956
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	64,983				64,983
10.	Matured endowments					0
11.	Annuity benefits	178,386				178,386
12.	Surrender values and withdrawals for life contracts	575,675				575,675
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	819,044	0	0	0	819,044
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	18,976							6	18,976
17.	Incurred during current year	17	62,510							17	62,510
	Settled during current year:										
18.1	By payment in full	18	60,994							18	60,994
18.2	By payment on compromised claims									0	0
18.3	Totals paid	18	60,994	0	0	0	0	0	0	18	60,994
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	18	60,994	0	0	0	0	0	0	18	60,994
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	20,492	0	0	0	0	0	0	5	20,492
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	357	4,291,174		(a)					357	4,291,174
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(27)	(211,993)							(27)	(211,993)
23.	In force December 31 of current year	330	4,079,181	0	(a) 0	0	0	0	0	330	4,079,181

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,131,903	1,119,307		763,561	814,980
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)	1,131,903	1,119,307	0	763,561	814,980
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,131,903	1,119,307	0	763,561	814,980

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	147,717				147,717
2.	Annuity considerations	379				379
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	148,096	0	0	0	148,096
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,561				1,561
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	27				27
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,588	0	0	0	1,588
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,588	0	0	0	1,588
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	236,137				236,137
10.	Matured endowments	6,996				6,996
11.	Annuity benefits	108,340				108,340
12.	Surrender values and withdrawals for life contracts	334,836				334,836
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	686,309	0	0	0	686,309
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	26	95,066							26	95,066
17.	Incurred during current year	40	247,933							40	247,933
	Settled during current year:										
18.1	By payment in full	45	235,025							45	235,025
18.2	By payment on compromised claims									0	0
18.3	Totals paid	45	235,025	0	0	0	0	0	0	45	235,025
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	45	235,025	0	0	0	0	0	0	45	235,025
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	21	107,974	0	0	0	0	0	0	21	107,974
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	802	11,442,728		(a)	1	75,000			803	11,517,728
21.	Issued during year	96	1,077,000							96	1,077,000
22.	Other changes to in force (Net)	(120)	(1,801,270)							(120)	(1,801,270)
23.	In force December 31 of current year	778	10,718,458	0	(a) 0	1	75,000	0	0	779	10,793,458

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	46,300	48,767		10,906	14,901
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)	3,651,579	3,659,929		2,240,814	2,266,166
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)	3,651,579	3,659,929	0	2,240,814	2,266,166
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,697,879	3,708,696	0	2,251,720	2,281,067

(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 NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	602	602			
25.6	Totals (Sum of Lines 25.1 to 25.5)	602	602	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	602	602	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 MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	246,674				246,674
2.	Annuity considerations	3,974				3,974
3.	Deposit-type contract funds	202	XXX		XXX	202
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	250,850	0	0	0	250,850
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,784				3,784
6.2	Applied to pay renewal premiums	158				158
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)	3,942	0	0	0	3,942
	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)	3,942	0	0	0	3,942
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	350,325		3,000		353,325
10.	Matured endowments	1,596				1,596
11.	Annuity benefits	69,431				69,431
12.	Surrender values and withdrawals for life contracts	231,435				231,435
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	652,787	0	3,000	0	655,787
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	41	127,999							41	127,999
17.	Incurred during current year	58	307,905			1	3,000			59	310,905
	Settled during current year:										
18.1	By payment in full	70	333,262			1	3,000			71	336,262
18.2	By payment on compromised claims									0	0
18.3	Totals paid	70	333,262	0	0	1	3,000	0	0	71	336,262
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	70	333,262	0	0	1	3,000	0	0	71	336,262
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	29	102,642	0	0	0	0	0	0	29	102,642
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,205	18,146,565		(a)	1,809	793,800			3,014	18,940,365
21.	Issued during year	51	413,000							51	413,000
22.	Other changes to in force (Net)	(116)	(1,479,440)			(5)	(86,400)			(121)	(1,565,840)
23.	In force December 31 of current year	1,140	17,080,125	0	(a) 0	1,804	707,400	0	0	2,944	17,787,525

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	303,303	300,091		61,762	73,717
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	52			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,600,580	6,630,759		4,533,444	4,468,129
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)	6,600,580	6,630,759	0	4,533,444	4,468,129
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,903,935	6,930,902	0	4,595,206	4,541,846

(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.

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

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	867				867
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	882	0	0	0	882
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	282				282
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)	282	0	0	0	282
	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)	282	0	0	0	282
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	326				326
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	6,411				6,411
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	6,737	0	0	0	6,737
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	320							1	320
	Settled during current year:										
18.1	By payment in full	1	320							1	320
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	320	0	0	0	0	0	0	1	320
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	320	0	0	0	0	0	0	1	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	5	24,709		(a)					5	24,709
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(320)							(1)	(320)
23.	In force December 31 of current year	4	24,389	0	(a) 0	0	0	0	0	4	24,389

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,346,877	1,351,515		1,024,196	1,008,875
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)	1,346,877	1,351,515	0	1,024,196	1,008,875
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,346,877	1,351,515	0	1,024,196	1,008,875

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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	374,702				374,702
2.	Annuity considerations	1,840				1,840
3.	Deposit-type contract funds	17,470	XXX		XXX	17,470
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	394,012	0	0	0	394,012
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	16,592				16,592
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,278				5,278
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	21,870	0	0	0	21,870
	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)	21,870	0	0	0	21,870
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	466,029				466,029
10.	Matured endowments	34,864				34,864
11.	Annuity benefits	33,444				33,444
12.	Surrender values and withdrawals for life contracts	303,829				303,829
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	838,166	0	0	0	838,166
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	38	147,423							38	147,423
17.	Incurred during current year	79	454,160							79	454,160
	Settled during current year:										
18.1	By payment in full	92	494,623							92	494,623
18.2	By payment on compromised claims									0	0
18.3	Totals paid	92	494,623	0	0	0	0	0	0	92	494,623
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	92	494,623	0	0	0	0	0	0	92	494,623
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	25	106,960	0	0	0	0	0	0	25	106,960
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,301	33,252,919		(a)					2,301	33,252,919
21.	Issued during year	108	1,028,000							108	1,028,000
22.	Other changes to in force (Net)	(187)	(2,834,342)							(187)	(2,834,342)
23.	In force December 31 of current year	2,222	31,446,577	0	(a) 0	0	0	0	0	2,222	31,446,577

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	42,384	43,692		12,552	13,570
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	9,222	9,401		4,179	3,945
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	(11)	(5)			(2,286)
25.2	Guaranteed renewable (b)	5,686,672	5,721,090		3,912,891	4,198,301
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,686,661	5,721,085	0	3,912,891	4,196,015
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,738,267	5,774,178	0	3,929,622	4,213,530

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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	973				973
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	973	0	0	0	973
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	167				167
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)	167	0	0	0	167
	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)	167	0	0	0	167
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	3,795				3,795
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	2,740				2,740
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	6,535	0	0	0	6,535
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	3,778							1	3,778
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	1	3,778							1	3,778
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	3,778	0	0	0	0	0	0	1	3,778
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	3,778	0	0	0	0	0	0	1	3,778
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	17	144,909		(a)	1	125,000			18	269,909
21.	Issued during year									0	0
22.	Other changes to in force (Net)		(1,255)							0	(1,255)
23.	In force December 31 of current year	17	143,654	0	(a) 0	1	125,000	0	0	18	268,654

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	14,596	14,554		2,141	2,389
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)	129,854	129,162		108,118	111,899
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)	129,854	129,162	0	108,118	111,899
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	144,450	143,716	0	110,259	114,288

(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.

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DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,213		21,231		23,444
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,213	0	21,231	0	23,444
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	691				691
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	695	0	0	0	695
	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)	695	0	0	0	695
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,093				8,093
10.	Matured endowments	131				131
11.	Annuity benefits	25,423				25,423
12.	Surrender values and withdrawals for life contracts	96,659				96,659
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	130,306	0	0	0	130,306
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year	1	3,131							1	3,131
	Settled during current year:										
18.1	By payment in full	2	8,131							2	8,131
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	8,131	0	0	0	0	0	0	2	8,131
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	8,131	0	0	0	0	0	0	2	8,131
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	50	637,709		(a)					50	637,709
21.	Issued during year	3	60,000							3	60,000
22.	Other changes to in force (Net)		7,147							0	7,147
23.	In force December 31 of current year	53	704,856	0	(a) 0	0	0	0	0	53	704,856

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	7,056	7,611		955	1,711
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)	2,977,904	2,987,241		2,160,381	2,159,736
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)	2,977,904	2,987,241	0	2,160,381	2,159,736
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,984,960	2,994,852	0	2,161,336	2,161,447

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

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,384				12,384
2.	Annuity considerations	10,165				10,165
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	22,549	0	0	0	22,549
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	259				259
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)	259	0	0	0	259
	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)	259	0	0	0	259
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,050				10,050
10.	Matured endowments					0
11.	Annuity benefits	161,481				161,481
12.	Surrender values and withdrawals for life contracts	26,928				26,928
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	198,459	0	0	0	198,459
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	13,778							2	13,778
17.	Incurred during current year	1	7,930							1	7,930
	Settled during current year:										
18.1	By payment in full	1	10,000							1	10,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	11,708	0	0	0	0	0	0	2	11,708
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	59	1,349,324		(a)					59	1,349,324
21.	Issued during year	1	25,000							1	25,000
22.	Other changes to in force (Net)	(5)	(191,488)							(5)	(191,488)
23.	In force December 31 of current year	55	1,182,836	0	(a) 0	0	0	0	0	55	1,182,836

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	444	443		32	129
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)	70,893	69,809		30,017	28,014
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)	70,893	69,809	0	30,017	28,014
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	71,337	70,252	0	30,049	28,143

(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.

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DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	109,644				109,644
2.	Annuity considerations	4,516				4,516
3.	Deposit-type contract funds	11	XXX		XXX	11
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	114,171	0	0	0	114,171
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	968				968
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	33				33
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,001	0	0	0	1,001
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,001	0	0	0	1,001
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	52,776				52,776
10.	Matured endowments	2,429				2,429
11.	Annuity benefits	107,958				107,958
12.	Surrender values and withdrawals for life contracts	208,084				208,084
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	371,247	0	0	0	371,247
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	15	56,401							15	56,401
17.	Incurred during current year	10	45,515							10	45,515
	Settled during current year:										
18.1	By payment in full	13	50,830							13	50,830
18.2	By payment on compromised claims									0	0
18.3	Totals paid	13	50,830	0	0	0	0	0	0	13	50,830
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	13	50,830	0	0	0	0	0	0	13	50,830
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	51,086	0	0	0	0	0	0	12	51,086
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,213	11,809,787		(a)	1	500			2,214	11,810,287
21.	Issued during year	15	195,500							15	195,500
22.	Other changes to in force (Net)	(103)	(740,638)							(103)	(740,638)
23.	In force December 31 of current year	2,125	11,264,649	0	(a) 0	1	500	0	0	2,126	11,265,149

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,689	1,672		144	89
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)	8,845,202	8,796,976		6,165,748	6,425,163
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)	8,845,202	8,796,976	0	6,165,748	6,425,163
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,846,891	8,798,648	0	6,165,892	6,425,252

(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.

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DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	35,514				35,514
2.	Annuity considerations	119				119
3.	Deposit-type contract funds	339	XXX		XXX	339
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	35,972	0	0	0	35,972
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,170				1,170
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)	1,170	0	0	0	1,170
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,170	0	0	0	1,170
	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	8,218				8,218
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	8,218	0	0	0	8,218
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,000							1	5,000
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	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	34	1,040,953		(a)					34	1,040,953
21.	Issued during year	18	184,500							18	184,500
22.	Other changes to in force (Net)	(1)	(4,858)							(1)	(4,858)
23.	In force December 31 of current year	51	1,220,595	0	(a) 0	0	0	0	0	51	1,220,595

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,292	1,236		114	131
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)	1,372,239	1,391,829		708,504	736,074
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)	1,372,239	1,391,829	0	708,504	736,074
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,373,531	1,393,065	0	708,618	736,205

(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.

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DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,632				17,632
2.	Annuity considerations					0
3.	Deposit-type contract funds	4,734	XXX		XXX	4,734
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	22,366	0	0	0	22,366
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,746				1,746
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)	1,746	0	0	0	1,746
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,746	0	0	0	1,746
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	18,420				18,420
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	18,420	0	0	0	18,420
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	1,000							1	1,000
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	1,000	0	0	0	0	0	0	1	1,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	34	2,183,522		(a)					34	2,183,522
21.	Issued during year	14	155,500							14	155,500
22.	Other changes to in force (Net)	(1)	(17,750)							(1)	(17,750)
23.	In force December 31 of current year	47	2,321,272	0	(a) 0	0	0	0	0	47	2,321,272

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	187	187		13	13
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)	213,351	210,853		114,392	135,472
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)	213,351	210,853	0	114,392	135,472
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	213,538	211,040	0	114,405	135,485

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	19,877				19,877
2.	Annuity considerations	133,973				133,973
3.	Deposit-type contract funds	335	XXX		XXX	335
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	154,185	0	0	0	154,185
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,962				1,962
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	454				454
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,416	0	0	0	2,416
	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)	2,416	0	0	0	2,416
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,294				5,294
10.	Matured endowments					0
11.	Annuity benefits	169,838				169,838
12.	Surrender values and withdrawals for life contracts	31,710				31,710
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	206,842	0	0	0	206,842
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	4,500							2	4,500
17.	Incurred during current year	1	10,000							1	10,000
	Settled during current year:										
18.1	By payment in full	2	4,500							2	4,500
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	4,500	0	0	0	0	0	0	2	4,500
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	4,500	0	0	0	0	0	0	2	4,500
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000	0	0	0	0	0	0	1	10,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	73	1,436,707		(a)					73	1,436,707
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(90,585)							(4)	(90,585)
23.	In force December 31 of current year	69	1,346,122	0	(a) 0	0	0	0	0	69	1,346,122

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	(753)	(753)			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	57,261	56,876		30,197	32,083
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)	57,261	56,876	0	30,197	32,083
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	56,508	56,123	0	30,197	32,083

(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.

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	168,102				168,102
2.	Annuity considerations	858				858
3.	Deposit-type contract funds	10	XXX		XXX	10
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	168,970	0	0	0	168,970
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,590				1,590
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)	1,590	0	0	0	1,590
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,590	0	0	0	1,590
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	139,682				139,682
10.	Matured endowments	7,789				7,789
11.	Annuity benefits	405,933				405,933
12.	Surrender values and withdrawals for life contracts	450,064				450,064
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	1,003,468	0	0	0	1,003,468
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	10,000							1	10,000
17.	Incurred during current year	12	146,124							12	146,124
	Settled during current year:										
18.1	By payment in full	12	146,124							12	146,124
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	146,124	0	0	0	0	0	0	12	146,124
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	146,124	0	0	0	0	0	0	12	146,124
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000	0	0	0	0	0	0	1	10,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	401	19,444,387		(a)					401	19,444,387
21.	Issued during year	32	452,500							32	452,500
22.	Other changes to in force (Net)	(25)	(2,608,746)							(25)	(2,608,746)
23.	In force December 31 of current year	408	17,288,141	0	(a) 0	0	0	0	0	408	17,288,141

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	9,137	9,106		7,201	(12,965)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,214,127	5,259,360		3,324,530	3,325,748
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,214,127	5,259,360	0	3,324,530	3,325,748
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,223,264	5,268,466	0	3,331,731	3,312,783

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	87,345				87,345
2.	Annuity considerations	122				122
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	87,467	0	0	0	87,467
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,104				2,104
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	174				174
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,278	0	0	0	2,278
	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)	2,278	0	0	0	2,278
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	63,751				63,751
10.	Matured endowments					0
11.	Annuity benefits	(26)				(26)
12.	Surrender values and withdrawals for life contracts	32,176				32,176
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	95,901	0	0	0	95,901
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	16,074							5	16,074
17.	Incurred during current year	11	56,358							11	56,358
	Settled during current year:										
18.1	By payment in full	13	63,322							13	63,322
18.2	By payment on compromised claims									0	0
18.3	Totals paid	13	63,322	0	0	0	0	0	0	13	63,322
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	13	63,322	0	0	0	0	0	0	13	63,322
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	9,110	0	0	0	0	0	0	3	9,110
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	284	5,066,854		(a)	11	97,000			295	5,163,854
21.	Issued during year	39	341,000							39	341,000
22.	Other changes to in force (Net)	(25)	(588,664)			(1)	(7,000)			(26)	(595,664)
23.	In force December 31 of current year	298	4,819,190	0	(a) 0	10	90,000	0	0	308	4,909,190

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,902	11,928		2,248	2,405
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)	2,634,268	2,641,865		1,480,229	1,485,240
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)	2,634,268	2,641,865	0	1,480,229	1,485,240
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,646,170	2,653,793	0	1,482,477	1,487,645

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	15,290				15,290
2.	Annuity considerations	75				75
3.	Deposit-type contract funds	4	XXX		XXX	4
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	15,369	0	0	0	15,369
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,170				1,170
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)	1,170	0	0	0	1,170
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,170	0	0	0	1,170
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	185,356				185,356
12.	Surrender values and withdrawals for life contracts	94,161				94,161
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	279,517	0	0	0	279,517
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	27	2,230,071		(a)					27	2,230,071
21.	Issued during year	6	74,500							6	74,500
22.	Other changes to in force (Net)	(4)	(41,500)							(4)	(41,500)
23.	In force December 31 of current year	29	2,263,071	0	(a) 0	0	0	0	0	29	2,263,071

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	3,963,261	3,983,922		2,925,510	2,931,381
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)	3,963,261	3,983,922	0	2,925,510	2,931,381
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,963,261	3,983,922	0	2,925,510	2,931,381

(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.

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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	165,224				165,224
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	165,232	0	0	0	165,232
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,915				2,915
6.2	Applied to pay renewal premiums	265				265
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	35				35
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,215	0	0	0	3,215
	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)	3,215	0	0	0	3,215
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	185,198				185,198
10.	Matured endowments					0
11.	Annuity benefits	422,526				422,526
12.	Surrender values and withdrawals for life contracts	176,342				176,342
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	784,066	0	0	0	784,066
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	185,990							4	185,990
17.	Incurred during current year	2	99,075							2	99,075
	Settled during current year:										
18.1	By payment in full	3	180,065							3	180,065
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	180,065	0	0	0	0	0	0	3	180,065
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	180,065	0	0	0	0	0	0	3	180,065
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	105,000	0	0	0	0	0	0	3	105,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	296	36,060,654		(a)					296	36,060,654
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(35)	(3,290,884)							(35)	(3,290,884)
23.	In force December 31 of current year	261	32,769,770	0	(a) 0	0	0	0	0	261	32,769,770

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.

* 6 5 7 2 2 2 0 1 6 4 3 0 3 9 1 0 0 *

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	97,192				97,192
2.	Annuity considerations	6,502				6,502
3.	Deposit-type contract funds	278	XXX		XXX	278
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	103,972	0	0	0	103,972
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,583				1,583
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	156				156
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,739	0	0	0	1,739
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,739	0	0	0	1,739
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	102,325				102,325
10.	Matured endowments	386				386
11.	Annuity benefits	579,056				579,056
12.	Surrender values and withdrawals for life contracts	1,366,373				1,366,373
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	2,048,140	0	0	0	2,048,140
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	8,267							7	8,267
17.	Incurred during current year	11	93,709							11	93,709
	Settled during current year:										
18.1	By payment in full	13	98,882							13	98,882
18.2	By payment on compromised claims									0	0
18.3	Totals paid	13	98,882	0	0	0	0	0	0	13	98,882
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	13	98,882	0	0	0	0	0	0	13	98,882
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	3,094	0	0	0	0	0	0	5	3,094
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	206	3,508,270		(a)					206	3,508,270
21.	Issued during year	85	818,500							85	818,500
22.	Other changes to in force (Net)	(23)	(1,105,255)							(23)	(1,105,255)
23.	In force December 31 of current year	268	3,221,515	0	(a) 0	0	0	0	0	268	3,221,515

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,596	2,634		226	70
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)	3,490,777	3,516,267		2,081,319	2,035,014
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)	3,490,777	3,516,267	0	2,081,319	2,035,014
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,493,373	3,518,901	0	2,081,545	2,035,084

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	11,033				11,033
2. Annuity considerations					0
3. Deposit-type contract funds	387	XXX		XXX	387
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,420	0	0	0	11,420
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	634				634
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	40				40
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	674	0	0	0	674
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)	674	0	0	0	674
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	38,377				38,377
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	(354)				(354)
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	38,023	0	0	0	38,023
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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	25,352							1	25,352
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full	1	25,352							1	25,352
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	25,352	0	0	0	0	0	0	1	25,352
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	25,352	0	0	0	0	0	0	1	25,352
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	20	892,189		(a)					20	892,189
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(13,989)							(1)	(13,989)
23. In force December 31 of current year	19	878,200	0	(a) 0	0	0	0	0	19	878,200

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	138	134		40	66
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)	138	134	0	40	66
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	138	134	0	40	66

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	20,996				20,996
2. Annuity considerations	(5)				(5)
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,991	0	0	0	20,991
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	54,722				54,722
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	224,993				224,993
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	279,715	0	0	0	279,715
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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	10	24,196							10	24,196
17. Incurred during current year	12	41,908							12	41,908
Settled during current year:										
18.1 By payment in full	17	50,814							17	50,814
18.2 By payment on compromised claims									0	0
18.3 Totals paid	17	50,814	0	0	0	0	0	0	17	50,814
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	17	50,814	0	0	0	0	0	0	17	50,814
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	15,290	0	0	0	0	0	0	5	15,290
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	246	3,994,178		(a)					246	3,994,178
21. Issued during year									0	0
22. Other changes to in force (Net)	(22)	(138,873)							(22)	(138,873)
23. In force December 31 of current year	224	3,855,305	0	(a) 0	0	0	0	0	224	3,855,305

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	25,590	25,905		11,918	12,222
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	25,590	25,905	0	11,918	12,222
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,590	25,905	0	11,918	12,222

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	297,786				297,786
2.	Annuity considerations	1,748				1,748
3.	Deposit-type contract funds	1,694	XXX		XXX	1,694
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	301,228	0	0	0	301,228
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	13,652				13,652
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	859				859
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	14,511	0	0	0	14,511
	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)	14,511	0	0	0	14,511
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	367,862				367,862
10.	Matured endowments	2,395				2,395
11.	Annuity benefits	82,172				82,172
12.	Surrender values and withdrawals for life contracts	193,892				193,892
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	646,321	0	0	0	646,321
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	20	66,977							20	66,977
17.	Incurred during current year	62	352,995							62	352,995
	Settled during current year:										
18.1	By payment in full	66	359,030							66	359,030
18.2	By payment on compromised claims									0	0
18.3	Totals paid	66	359,030	0	0	0	0	0	0	66	359,030
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	66	359,030	0	0	0	0	0	0	66	359,030
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	60,942	0	0	0	0	0	0	16	60,942
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,623	25,307,979		(a)					1,623	25,307,979
21.	Issued during year	96	950,000							96	950,000
22.	Other changes to in force (Net)	(133)	(1,877,486)							(133)	(1,877,486)
23.	In force December 31 of current year	1,586	24,380,493	0	(a) 0	0	0	0	0	1,586	24,380,493

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,797	2,915		355	394
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	5,734	6,014		7,971	6,485
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,890,112	6,930,100		5,035,813	4,998,351
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)	6,890,112	6,930,100	0	5,035,813	4,998,351
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,898,643	6,939,029	0	5,044,139	5,005,230

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	12,436				12,436
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,436	0	0	0	12,436
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	69				69
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	82				82
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	151	0	0	0	151
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)	151	0	0	0	151
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	28,940				28,940
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	1,230				1,230
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	30,170	0	0	0	30,170
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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	6	28,491							6	28,491
Settled during current year:										
18.1 By payment in full	6	28,491							6	28,491
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	28,491	0	0	0	0	0	0	6	28,491
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	28,491	0	0	0	0	0	0	6	28,491
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	45	441,362		(a)					45	441,362
21. Issued during year	8	102,500							8	102,500
22. Other changes to in force (Net)	(6)	(30,977)							(6)	(30,977)
23. In force December 31 of current year	47	512,885	0	(a) 0	0	0	0	0	47	512,885

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,831	2,786		745	731
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)	1,012,369	1,025,211		790,272	775,974
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)	1,012,369	1,025,211	0	790,272	775,974
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,015,200	1,027,997	0	791,017	776,705

(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.

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	358,008				358,008
2.	Annuity considerations	6,372				6,372
3.	Deposit-type contract funds	456	XXX		XXX	456
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	364,836	0	0	0	364,836
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,835				4,835
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	47				47
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	4,882	0	0	0	4,882
	Annuities:					
7.1	Paid in cash or left on deposit	103				103
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	103	0	0	0	103
8.	Grand Totals (Lines 6.5 + 7.4)	4,985	0	0	0	4,985
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	969,563				969,563
10.	Matured endowments	13,988				13,988
11.	Annuity benefits	131,908				131,908
12.	Surrender values and withdrawals for life contracts	390,027				390,027
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	1,505,486	0	0	0	1,505,486
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	98	388,549							98	388,549
17.	Incurred during current year	184	835,997							184	835,997
	Settled during current year:										
18.1	By payment in full	188	928,921							188	928,921
18.2	By payment on compromised claims									0	0
18.3	Totals paid	188	928,921	0	0	0	0	0	0	188	928,921
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	188	928,921	0	0	0	0	0	0	188	928,921
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	94	295,625	0	0	0	0	0	0	94	295,625
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,255	27,153,939		(a)	99	968,704			2,354	28,122,643
21.	Issued during year	122	1,188,500							122	1,188,500
22.	Other changes to in force (Net)	(277)	(2,223,192)			(29)	(260,652)			(306)	(2,483,844)
23.	In force December 31 of current year	2,100	26,119,247	0	(a) 0	70	708,052	0	0	2,170	26,827,299

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	13,718	14,048		2,523	1,723
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	157	140			(1)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,810,984	9,939,511		6,856,598	6,736,439
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)	9,810,984	9,939,511	0	6,856,598	6,736,439
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,824,859	9,953,699	0	6,859,121	6,738,161

(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.

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	141,733		274,856		416,589
2.	Annuity considerations	6,290				6,290
3.	Deposit-type contract funds	4,570	XXX		XXX	4,570
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	152,593	0	274,856	0	427,449
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	11,344				11,344
6.2	Applied to pay renewal premiums	138				138
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	441				441
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	11,923	0	0	0	11,923
	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)	11,923	0	0	0	11,923
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	345,788				345,788
10.	Matured endowments	5,046				5,046
11.	Annuity benefits	238,844				238,844
12.	Surrender values and withdrawals for life contracts	742,917				742,917
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	1,332,595	0	0	0	1,332,595
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	32,823							9	32,823
17.	Incurred during current year	43	387,335							43	387,335
	Settled during current year:										
18.1	By payment in full	38	341,886							38	341,886
18.2	By payment on compromised claims									0	0
18.3	Totals paid	38	341,886	0	0	0	0	0	0	38	341,886
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	38	341,886	0	0	0	0	0	0	38	341,886
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	78,272	0	0	0	0	0	0	14	78,272
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	742	10,286,272		(a)					742	10,286,272
21.	Issued during year	245	2,760,000							245	2,760,000
22.	Other changes to in force (Net)	(120)	(2,176,122)							(120)	(2,176,122)
23.	In force December 31 of current year	867	10,870,150	0	(a) 0	0	0	0	0	867	10,870,150

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,855,154	4,875,672		1,332,283	1,446,432
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	179	189			(22)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	24,593,791	24,605,868		14,890,921	14,872,796
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)	24,593,791	24,605,868	0	14,890,921	14,872,796
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,449,124	29,481,729	0	16,223,204	16,319,206

(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.

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	18,085				18,085
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	1,005	XXX		XXX	1,005
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	19,105	0	0	0	19,105
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	664				664
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)	664	0	0	0	664
	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)	664	0	0	0	664
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,036				10,036
10.	Matured endowments					0
11.	Annuity benefits	21,172				21,172
12.	Surrender values and withdrawals for life contracts	111,279				111,279
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	142,487	0	0	0	142,487
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	10,000							1	10,000
	Settled during current year:										
18.1	By payment in full	1	10,000							1	10,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
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	18	937,799		(a)					18	937,799
21.	Issued during year	4	48,000							4	48,000
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	22	985,799	0	(a) 0	0	0	0	0	22	985,799

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	809,874	811,039		533,863	532,223
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)	809,874	811,039	0	533,863	532,223
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	809,874	811,039	0	533,863	532,223

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	175,727				175,727
2.	Annuity considerations	567				567
3.	Deposit-type contract funds	711	XXX		XXX	711
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	177,005	0	0	0	177,005
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	23,410				23,410
6.2	Applied to pay renewal premiums	46				46
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,084				1,084
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,540	0	0	0	24,540
	Annuities:					
7.1	Paid in cash or left on deposit	95				95
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	95	0	0	0	95
8.	Grand Totals (Lines 6.5 + 7.4)	24,635	0	0	0	24,635
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	288,963		3,000		291,963
10.	Matured endowments	16,866				16,866
11.	Annuity benefits	180,910				180,910
12.	Surrender values and withdrawals for life contracts	185,992				185,992
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	672,731	0	3,000	0	675,731
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	31	38,135							31	38,135
17.	Incurred during current year	48	385,845			1	3,000			49	388,845
	Settled during current year:										
18.1	By payment in full	47	299,479			1	3,000			48	302,479
18.2	By payment on compromised claims									0	0
18.3	Totals paid	47	299,479	0	0	1	3,000	0	0	48	302,479
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	47	299,479	0	0	1	3,000	0	0	48	302,479
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	32	124,501	0	0	0	0	0	0	32	124,501
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,179	15,044,075		(a)	1	3,000			1,180	15,047,075
21.	Issued during year	40	487,500							40	487,500
22.	Other changes to in force (Net)	(83)	(916,785)							(83)	(916,785)
23.	In force December 31 of current year	1,136	14,614,790	0	(a) 0	1	3,000	0	0	1,137	14,617,790

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,152	2,119		181	45
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	183	175		449	449
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,100,134	1,103,622		826,626	832,420
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)	1,100,134	1,103,622	0	826,626	832,420
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,102,469	1,105,916	0	827,256	832,914

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

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	8,386				8,386
2.	Annuity considerations	1,141				1,141
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,527	0	0	0	9,527
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	20				20
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	72				72
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	92	0	0	0	92
	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)	92	0	0	0	92
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	24,740				24,740
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	59,060				59,060
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	83,800	0	0	0	83,800
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	15,000							1	15,000
17.	Incurred during current year	3	15,126							3	15,126
	Settled during current year:										
18.1	By payment in full	3	24,126							3	24,126
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	24,126	0	0	0	0	0	0	3	24,126
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	24,126	0	0	0	0	0	0	3	24,126
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	6,000	0	0	0	0	0	0	1	6,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	59	560,580		(a)					59	560,580
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(8)	(90,731)							(8)	(90,731)
23.	In force December 31 of current year	51	469,849	0	(a) 0	0	0	0	0	51	469,849

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	105	105			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	560	560		43	43
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)	560	560	0	43	43
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	665	665	0	43	43

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	110,738				110,738
2.	Annuity considerations	520				520
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	111,258	0	0	0	111,258
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	242				242
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)	242	0	0	0	242
	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)	242	0	0	0	242
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	46,695				46,695
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	90,106				90,106
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	136,801	0	0	0	136,801
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	48,433							3	48,433
	Settled during current year:										
18.1	By payment in full	2	46,508							2	46,508
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	46,508	0	0	0	0	0	0	2	46,508
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	46,508	0	0	0	0	0	0	2	46,508
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,925	0	0	0	0	0	0	1	1,925
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	414	12,163,764		(a)	2	71,988			416	12,235,752
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(14)	(504,846)				(7,236)			(14)	(512,082)
23.	In force December 31 of current year	400	11,658,918	0	(a) 0	2	64,752	0	0	402	11,723,670

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	502,386	497,155		298,539	331,148
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)	502,386	497,155	0	298,539	331,148
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	502,386	497,155	0	298,539	331,148

(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.

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

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,600				17,600
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	119	XXX		XXX	119
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	17,727	0	0	0	17,727
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,004				2,004
6.2	Applied to pay renewal premiums	87				87
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	36				36
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,127	0	0	0	2,127
	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)	2,127	0	0	0	2,127
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,603				7,603
10.	Matured endowments					0
11.	Annuity benefits	209,691				209,691
12.	Surrender values and withdrawals for life contracts	1,220,336				1,220,336
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	1,437,630	0	0	0	1,437,630
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	2,697							1	2,697
17.	Incurred during current year	2	4,761							2	4,761
	Settled during current year:										
18.1	By payment in full	3	7,458							3	7,458
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	7,458	0	0	0	0	0	0	3	7,458
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	7,458	0	0	0	0	0	0	3	7,458
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	31	847,671		(a)					31	847,671
21.	Issued during year	47	412,000							47	412,000
22.	Other changes to in force (Net)	(5)	(73,016)							(5)	(73,016)
23.	In force December 31 of current year	73	1,186,655	0	(a) 0	0	0	0	0	73	1,186,655

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	269	269		19	19
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)	996,257	967,625		582,974	739,250
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	996,257	967,625	0	582,974	739,250
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	996,526	967,894	0	582,993	739,269

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,244				14,244
2.	Annuity considerations	30				30
3.	Deposit-type contract funds	9	XXX		XXX	9
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,283	0	0	0	14,283
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	486				486
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	319				319
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	805	0	0	0	805
	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)	805	0	0	0	805
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,283				15,283
10.	Matured endowments					0
11.	Annuity benefits	114,891				114,891
12.	Surrender values and withdrawals for life contracts	171,514				171,514
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	301,688	0	0	0	301,688
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	7,808							1	7,808
17.	Incurred during current year	3	15,175							3	15,175
	Settled during current year:										
18.1	By payment in full	3	15,175							3	15,175
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	15,175	0	0	0	0	0	0	3	15,175
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	15,175	0	0	0	0	0	0	3	15,175
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,808	0	0	0	0	0	0	1	7,808
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	46	1,360,352		(a)					46	1,360,352
21.	Issued during year	3	35,000							3	35,000
22.	Other changes to in force (Net)	(6)	(84,497)							(6)	(84,497)
23.	In force December 31 of current year	43	1,310,855	0	(a) 0	0	0	0	0	43	1,310,855

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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)	707,536	717,731		407,660	428,620
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)	707,536	717,731	0	407,660	428,620
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	707,536	717,731	0	407,660	428,620

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	124,231				124,231
2.	Annuity considerations	923				923
3.	Deposit-type contract funds	153	XXX		XXX	153
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	125,307	0	0	0	125,307
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,705				2,705
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)	2,705	0	0	0	2,705
	Annuities:					
7.1	Paid in cash or left on deposit	31				31
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	31	0	0	0	31
8.	Grand Totals (Lines 6.5 + 7.4)	2,736	0	0	0	2,736
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	268,547				268,547
10.	Matured endowments	24,693				24,693
11.	Annuity benefits	10,414				10,414
12.	Surrender values and withdrawals for life contracts	75,455				75,455
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	379,109	0	0	0	379,109
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	14	65,432							14	65,432
17.	Incurred during current year	49	280,236							49	280,236
	Settled during current year:										
18.1	By payment in full	48	278,340							48	278,340
18.2	By payment on compromised claims									0	0
18.3	Totals paid	48	278,340	0	0	0	0	0	0	48	278,340
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	48	278,340	0	0	0	0	0	0	48	278,340
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	67,328	0	0	0	0	0	0	15	67,328
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	982	12,030,538		(a)	5	21,900			987	12,052,438
21.	Issued during year	8	81,000							8	81,000
22.	Other changes to in force (Net)	(79)	(848,234)			(1)	(11,400)			(80)	(859,634)
23.	In force December 31 of current year	911	11,263,304	0	(a) 0	4	10,500	0	0	915	11,273,804

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,278	6,465		2,645	2,546
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1	(2)			(14)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,058,887	1,071,736		568,509	557,785
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)	1,058,887	1,071,736	0	568,509	557,785
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,065,166	1,078,199	0	571,154	560,317

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,640				1,640
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	1,034	XXX		XXX	1,034
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,689	0	0	0	2,689
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	184				184
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)	184	0	0	0	184
	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)	184	0	0	0	184
	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	10,651				10,651
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	10,651	0	0	0	10,651
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6	77,142		(a)					6	77,142
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	6	77,142	0	(a) 0	0	0	0	0	6	77,142

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,296	1,296		92	92
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)	366,729	368,766		264,040	263,265
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)	366,729	368,766	0	264,040	263,265
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	368,025	370,062	0	264,132	263,357

(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.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	4,139,913
2. Current year's realized pre-tax capital gains/(losses) of $.....447,675 transferred into the reserve net of taxes of $.....156,686	290,989
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)	4,430,902
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,535,165
6. Reserve as of December 31, current year (Line 4 minus Line 5)	2,895,737

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	1,451,285	83,880		1,535,165
2. 2017	1,153,314	102,597		1,255,911
3. 2018	866,305	30,333		896,638
4. 2019	587,889	22,561		610,450
5. 2020	352,108	14,561		366,669
6. 2021	175,181	6,219		181,400
7. 2022	(3,302)	1,935		(1,367)
8. 2023	(91,211)	2,056		(89,155)
9. 2024	(79,748)	2,096		(77,652)
10. 2025	(64,386)	2,217		(62,169)
11. 2026	(52,667)	2,257		(50,410)
12. 2027	(41,332)	2,419		(38,913)
13. 2028	(34,520)	2,459		(32,061)
14. 2029	(33,349)	2,580		(30,769)
15. 2030	(30,310)	2,660		(27,650)
16. 2031	(23,132)	2,822		(20,310)
17. 2032	(13,603)	2,580		(11,023)
18. 2033	(3,955)	2,056		(1,899)
19. 2034	2,740	1,492		4,232
20. 2035	5,688	887		6,575
21. 2036	6,752	322		7,074
22. 2037	4,958			4,958
23. 2038	2,717			2,717
24. 2039	1,695			1,695
25. 2040	763			763
26. 2041	74			74
27. 2042	(42)			(42)
28. 2043				0
29. 2044				0
30. 2045				0
31. 2046 and Later				0
32. Total (Lines 1 to 31)	4,139,912	290,989	0	4,430,901

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	1,228,897		1,228,897	0		0	1,228,898
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	278,756		278,756			0	278,756
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,507,653	0	1,507,653	0	0	0	1,507,654
9. Maximum reserve	1,384,403		1,384,403			0	1,384,403
10. Reserve objective	927,118		927,118			0	927,118
11. 20% of (Line 10 minus Line 8)	(116,107)	0	(116,107)	(0)	0	(0)	(116,107)
12. Balance before transfers (Lines 8 + 11)	1,391,546	0	1,391,546	0	0	0	1,391,546
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(7,143)		(7,143)			0	(7,143)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,384,403	0	1,384,403	0	0	0	1,384,403

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	4,084,200	XXX	XXX	4,084,200	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	70,697,626	XXX	XXX	70,697,626	0.0004	28,279	0.0023	162,605	0.0030	212,093
3	2	High quality	113,403,847	XXX	XXX	113,403,847	0.0019	215,467	0.0058	657,742	0.0090	1,020,635
4	3	Medium quality	3,102,186	XXX	XXX	3,102,186	0.0093	28,850	0.0230	71,350	0.0340	105,474
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8)	191,287,859	XXX	XXX	191,287,859	XXX	272,597	XXX	891,697	XXX	1,338,202
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	15,400,351	XXX	XXX	15,400,351	0.0004	6,160	0.0023	35,421	0.0030	46,201
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)	15,400,351	XXX	XXX	15,400,351	XXX	6,160	XXX	35,421	XXX	46,201
		DERIVATIVE INSTRUMENTS										
26		Exchange traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	206,688,210	XXX	XXX	206,688,210	XXX	278,757	XXX	927,118	XXX	1,384,403

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

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

NONE

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 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 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public		XXX	XXX	0	0.0000	0	(a)	0	(a)	0
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR	40,653,682	XXX	XXX	40,653,682	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)	40,653,682	0	0	40,653,682	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
18		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	280,889,510	XXX	3,085,020	XXX		XXX	611,802	XXX	892,953	XXX	275,954,403	XXX	324,902	XXX		XXX	20,430	XXX
2.	Premiums earned	281,511,447	XXX	3,109,888	XXX		XXX	618,333	XXX	910,733	XXX	276,518,328	XXX	332,648	XXX		XXX	21,517	XXX
3.	Incurred claims	187,366,857	66.6	1,354,852	43.6	0	0.0	390,749	63.2	1,039,478	114.1	184,449,513	66.7	81,885	24.6	0	0.0	50,380	234.1
4.	Cost containment expenses	631,861	0.2	564	0.0		0.0	197	0.0	296	0.0	630,468	0.2	311	0.1		0.0	25	0.1
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	187,998,718	66.8	1,355,416	43.6	0	0.0	390,946	63.2	1,039,774	114.2	185,079,981	66.9	82,196	24.7	0	0.0	50,405	234.3
6	Increase in contract reserves	6,397,193	2.3	671,962	21.6	0	0.0	(31,665)	(5.1)	(510,211)	(56.0)	6,268,114	2.3	8,779	2.6	0	0.0	(9,786)	(45.5)
7	Commissions (a)	34,082,857	12.1	233,337	7.5		0.0	(22,547)	(3.6)	53,564	5.9	33,813,799	12.2	2,864	0.9		0.0	1,840	8.6
8	Other general insurance expenses	34,096,088	12.1	268,481	8.6		0.0	92,504	15.0	138,652	15.2	33,439,005	12.1	145,867	43.9		0.0	11,579	53.8
9	Taxes, licenses and fees	6,627,963	2.4	181,304	5.8		0.0	13,676	2.2	17,420	1.9	6,408,469	2.3	6,346	1.9		0.0	748	3.5
10	Total other expenses incurred	74,806,908	26.6	683,122	22.0	0	0.0	83,633	13.5	209,636	23.0	73,661,273	26.6	155,077	46.6	0	0.0	14,167	65.8
11.	Aggregate write-ins for deductions	130,632	0.0	2,776	0.1	0	0.0	(65)	(0.0)	(63)	(0.0)	128,180	0.0	(182)	(0.1)	0	0.0	(14)	(0.1)
12.	Gain from underwriting before dividends or refunds	12,177,996	4.3	396,612	12.8	0	0.0	175,484	28.4	171,597	18.8	11,380,780	4.1	86,778	26.1	0	0.0	(33,255)	(154.6)
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	12,177,996	4.3	396,612	12.8	0	0.0	175,484	28.4	171,597	18.8	11,380,780	4.1	86,778	26.1	0	0.0	(33,255)	(154.6)
DETAILS OF WRITE-INS																			
1101.	Increase in Loading	168,568	0.1	2,984	0.1		0.0	9	0.0	(7)	(0.0)	165,695	0.1	(113)	(0.0)		0.0		0.0
1102.	Penalties	(15,544)	(0.0)	(121)	(0.0)		0.0	(42)	(0.0)	(63)	(0.0)	(15,246)	(0.0)	(67)	(0.0)		0.0	(5)	(0.0)
1103.	Express Script Rebates	(22,368)	(0.0)	(87)	(0.0)		0.0	(31)	(0.0)		0.0	(22,239)	(0.0)	(2)	(0.0)		0.0	(9)	(0.0)
1198.	Summary of remaining write-ins for Line 11 from overflow page	(24)	(0.0)	0	0.0	0	0.0	(1)	(0.0)	7	0.0	(30)	(0.0)	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	130,632	0.0	2,776	0.1	0	0.0	(65)	(0.0)	(63)	(0.0)	128,180	0.0	(182)	(0.1)	0	0.0	(14)	(0.1)

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					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	12,992,783	100,352		27,973	103,544	12,677,218	77,209		6,487
2. Advance premiums	3,131,455	32,135		7,106	4,485	3,084,149	3,226		354
3. Reserve for rate credits	0								
4. Total premium reserves, current year	16,124,238	132,487	0	35,079	108,029	15,761,367	80,435	0	6,841
5. Total premium reserves, prior year	17,866,132	176,247		42,374	131,463	17,418,758	89,148		8,142
6. Increase in total premium reserves	(1,741,894)	(43,760)	0	(7,295)	(23,434)	(1,657,391)	(8,713)	0	(1,301)
B. Contract Reserves:									
1. Additional reserves (a)	101,012,956	5,857,424		225,311	2,019,031	92,867,566	7,771		35,853
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	101,012,956	5,857,424	0	225,311	2,019,031	92,867,566	7,771	0	35,853
4. Total contract reserves, prior year	94,615,763	5,185,462		256,976	2,529,242	86,599,452	(1,008)		45,639
5. Increase in contract reserves	6,397,193	671,962	0	(31,665)	(510,211)	6,268,114	8,779	0	(9,786)
C. Claim Reserves and Liabilities:									
1. Total current year	44,943,851	674,250	0	93,880	7,746,308	36,084,654	58,224	0	286,535
2. Total prior year	43,971,516	637,455		119,443	8,717,223	34,111,033	66,551		319,811
3. Increase	972,335	36,795	0	(25,563)	(970,915)	1,973,621	(8,327)	0	(33,276)

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	30,176,444	301,979		48,303	1,894,067	27,820,368	29,461		82,266
1.2 On claims incurred during current year	156,218,078	1,016,078		368,009	116,326	154,655,524	60,751		1,390
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	15,065,887	104,459		955	7,163,946	7,513,257	11,245		272,025
2.2 On claims incurred during current year	29,877,964	569,791		92,925	582,362	28,571,397	46,979		14,510
3. Test:									
3.1 Lines 1.1 and 2.1	45,242,331	406,438	0	49,258	9,058,013	35,333,625	40,706	0	354,291
3.2 Claim reserves and liabilities, December 31, prior year	43,971,516	637,455		119,443	8,717,223	34,111,033	66,551		319,811
3.3 Line 3.1 minus Line 3.2	1,270,815	(231,017)	0	(70,185)	340,790	1,222,592	(25,845)	0	34,480

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	112,334,901	3,011,453		589,205	892,964	107,478,002	324,902		38,375
2. Premiums earned	113,379,772	3,036,031		595,336	910,739	108,465,556	332,648		39,462
3. Incurred claims	72,109,787	1,367,914		391,911	1,041,778	69,175,908	81,896		50,380
4. Commissions	7,798,946	231,904		(24,375)	53,564	7,533,149	2,864		1,840
B. Reinsurance Ceded:									
1. Premiums written	17,403,483	6,428,141				10,975,342			
2. Premiums earned	17,417,192	6,427,902				10,989,290			
3. Incurred claims	7,828,312	1,884,441		(3,283)		5,947,154			
4. Commissions	4,935,588	2,361,446				2,574,142			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims			123,085,382	123,085,382
2.	Beginning claim reserves and liabilities	31		18,232,998	18,233,029
3.	Ending claim reserves and liabilities	31		19,853,352	19,853,383
4.	Claims paid	0	0	121,465,028	121,465,028
B.	Assumed Reinsurance:				
5.	Incurred claims	220,496	201,038	71,688,254	72,109,788
6.	Beginning claim reserves and liabilities	62,023	24,451	25,238,756	25,325,230
7.	Ending claim reserves and liabilities	76,652	20,522	25,563,851	25,661,025
8.	Claims paid	205,867	204,967	71,363,159	71,773,993
C.	Ceded Reinsurance:				
9.	Incurred claims			7,828,312	7,828,312
10.	Beginning claim reserves and liabilities			3,264,112	3,264,112
11.	Ending claim reserves and liabilities			3,572,225	3,572,225
12.	Claims paid	0	0	7,520,199	7,520,199
D.	Net:				
13.	Incurred claims	220,496	201,038	186,945,324	187,366,858
14.	Beginning claim reserves and liabilities	62,054	24,451	40,207,642	40,294,147
15.	Ending claim reserves and liabilities	76,683	20,522	41,844,978	41,942,183
16.	Claims paid	205,867	204,967	185,307,988	185,718,822
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	220,496	201,038	187,577,185	187,998,719
18.	Beginning reserves and liabilities	62,054	24,451	40,255,781	40,342,286
19.	Ending reserves and liabilities	76,683	20,522	41,891,447	41,988,652
20.	Paid claims and cost containment expenses	205,867	204,967	185,941,519	186,352,353

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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	1,895,006	757,000	23,059			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					1,895,006	757,000	23,059	0	0	0
1099999.	Total - General Account - Non-Affiliates					1,895,006	757,000	23,059	0	0	0
1199999.	Total - General Account					1,895,006	757,000	23,059	0	0	0
2399999.	Total U.S.					1,895,006	757,000	23,059	0	0	0
9999999.	Total					1,895,006	757,000	23,059	0	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
66044	46-0164570	01/01/1994	Midland National Life	IA	CO/I	8,292	508	21,763	938		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	CO/I	5,064,666	196,632	876,548	371,771		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	CO/I	107,261,944	7,946,010	97,785,772	15,408,422		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					112,334,902	8,143,150	98,684,083	15,781,131	0	0
1099999.	Total - Non-Affiliates					112,334,902	8,143,150	98,684,083	15,781,131	0	0
1199999.	Total - U.S.					112,334,902	8,143,150	98,684,083	15,781,131	0	0
9999999.	Total					112,334,902	8,143,150	98,684,083	15,781,131	0	0

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						
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	30,000	13,000
91472	63-0782739	05/17/1972	Globe Life & Accident Company	NE		24,657
88340	59-2859797	07/01/1983	Hanover Life Reassurance Company of America	FL		54,167
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO		46,463
63312	13-1935920	08/31/2012	Great American Life Insurance	OH		5,224,163
63312	13-1935920	01/01/2007	Great American Life Insurance	OH		687,448
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				30,000	6,049,898
1099999.	Total - Life and Annuity Non-Affiliates				30,000	6,049,898
1199999.	Total - Life and Annuity				30,000	6,049,898
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	3,001,366	19,598
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		3,166,700
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				3,001,366	3,186,298
2199999.	Total - Accident and Health Non-Affiliates				3,001,366	3,186,298
2299999.	Total - Accident and Health				3,001,366	3,186,298
2399999.	Total U.S.				3,031,366	9,236,196
9999999.	Total				3,031,366	9,236,196

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
86231	39-0989781	04/24/1975	Transamerica LIfe Insurance Company	IA	YRT/I	OL	2,022,319	22,236	18,467	86,453				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	117,157	37	33	851				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	64,500	474	760	1,428				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	233,333	225	112	5,009				
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	360,000	7,977	7,313	12,470				
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	4,823	1,369	697	(800)				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL	11,934	3,388	335	748				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	42,395	160	151	290				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	23,424	7	7	180				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	64,500	474	760	1,427				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	121	60	1,101				
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	713,163	23,276	95,175	21,596				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	102,816	37	351	819				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	288,638	362		7,847				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	1,167,081	59,050	54,605	185,766				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	225	206	802				
68276	48-1024691	01/01/1976	Employers Reassurance Corporation	KS	ADB/I	OL			4,356					
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	2,639,564	1,637,570	1,951,240	59,429				
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	3,008,570	1,786,563	1,066,435	269,567				
82627	06-0839705	04/01/1984	Swiss Re Life & Health America Inc	MO	CO/I	OL	300,000	96,125	89,106	14,003				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	469,259	14,250	16,964	15,457				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	ADB/I	OL				11,788				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000		72,400	5,644				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,100,000	27,699	27,699	3,769				
88099	75-1608507	12/31/1966	Optimum Re Insurance Company	TX	YRT/I	OL	1,392,769	4,547	4,279	10,164				
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	526,672	2,483	2,483	8,390				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	OL	10,000	333		(22,161)				
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	OL	168,329	367	312	8,128				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	DE	YRT/I	OL	108,234	15,455	2,800	3,483				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	5,096,440	3,031	2,900	73,079				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	ADB/I	OL			220	569				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	2,756,272	1,277	359,074	34,445				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	502,008	390		9,804				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	249,542	515	498	1,112				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	93,732	30	27	671				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,334	225	206	796				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	53,055	143		189				

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
64688	75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	3,086,780	1,814	1,741	43,522				
64688	75-6020048	11/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	249,041	307	277	7,630				
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	37,548	162		407				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	CO/I	OL	25,000	1,332	2,200	665				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	DIS/I	OL			81					
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL	222,821	384		1,353				
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX	CO/I	XXX	17,278,308	432,177	458,020	20,698				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXX	23,037,745	576,236	610,694	27,598				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXX	5,759,437	144,059	152,673	6,899				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXX	11,518,872	288,118	305,347	13,799				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	365,820,252	129,588,881	133,159,082	4,208,799				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	ACO/I	IA		120,152,273	129,694,802	224,344				
63312	13-1935920	01/01/2007	Great American Life Insurance Company	OH	ACO/I	IA		31,731,603	36,025,529	(20,776)				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						451,001,000	286,627,767	304,190,477	5,369,251	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						451,001,000	286,627,767	304,190,477	5,369,251	0	0	0	0
1199999	Total - General Account - Authorized						451,001,000	286,627,767	304,190,477	5,369,251	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified						451,001,000	286,627,767	304,190,477	5,369,251	0	0	0	0
6999999	Total U.S.						451,001,000	286,627,767	304,190,477	5,369,251	0	0	0	0
9999999	Total						451,001,000	286,627,767	304,190,477	5,369,251	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	A	2,179,427	50,573	522,102				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	LTDI	174,201	4,665	75,180				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	OH	13,211,618	151,257	11,013,289				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	SD	1,745,237	9,402	85,687				
71404	47-0463747	.01/01/2009	Continental General Insurance Company	TX	CO/I	LTC	100,891	22,487	1,344,726				
62308	06-0303370	.01/01/1984	Connecticut General Life Insurance Co	CT	CO/I	A	1,558		107				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						17,412,932	238,384	13,041,091	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190987	.07/01/2014	Gigna Global Reinsurance Company	BMU	CAT/G	A	17,945						
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						17,945	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						17,430,877	238,384	13,041,091	0	0	0	0
1199999.	Total - General Account - Authorized						17,430,877	238,384	13,041,091	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						17,430,877	238,384	13,041,091	0	0	0	0
6999999.	Total - U.S.						17,412,932	238,384	13,041,091	0	0	0	0
7099999.	Total - Non-U.S.						17,945	0	0	0	0	0	0
9999999.	Total						17,430,877	238,384	13,041,091	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2016	2 2015	3 2014	4 2013	5 2012
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	22,800	23,738	23,616	24,128	384,055
2.	Commissions and reinsurance expense allowances	5,101	5,310	5,383	5,696	4,590
3.	Contract claims	19,778	24,697	26,598	29,201	20,002
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,505	1,567	1,815	1,743	3,817
9.	Aggregate reserves for life and accident and health contracts	289,587	305,447	322,978	343,430	384,411
10.	Liability for deposit-type contracts	10,320	10,684	11,373	12,069	12,819
11.	Contract claims unpaid	9,236	9,726	9,290	8,499	7,955
12.	Amounts recoverable on reinsurance	3,012	3,712	5,004	4,615	2,554
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)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	241,870,923		241,870,923
2.	Reinsurance (Line 16)	4,444,992		4,444,992
3.	Premiums and considerations (Line 15)	(2,958,164)	1,504,918	(1,453,246)
4.	Net credit for ceded reinsurance	XXX	297,318,586	297,318,586
5.	All other admitted assets (balance)	29,498,671		29,498,671
6.	Total assets excluding Separate Accounts (Line 26)	272,856,422	298,823,504	571,679,926
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	272,856,422	298,823,504	571,679,926
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	128,148,915	289,587,308	417,736,223
10.	Liability for deposit-type contracts (Line 3)	1,726		1,726
11.	Claim reserves (Line 4)	30,986,397	9,236,196	40,222,593
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	3,132,701		3,132,701
14.	Other contract liabilities (Line 9)	5,218,065		5,218,065
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)	19,094,824		19,094,824
20.	Total liabilities excluding Separate Accounts (Line 26)	186,582,628	298,823,504	485,406,132
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	186,582,628	298,823,504	485,406,132
23.	Capital & surplus (Line 38)	86,273,794	XXX	86,273,794
24.	Total liabilities, capital & surplus (Line 39)	272,856,422	298,823,504	571,679,926
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	289,587,308		
26.	Claim reserves	9,236,196		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	298,823,504		
34.	Premiums and considerations	1,504,918		
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	1,504,918		
41.	Total net credit for ceded reinsurance	297,318,586		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	552,989	4,195	16,572		1,042	574,798
2. Alaska	AK	1,097	12				1,109
3. Arizona	AZ	29,800	61	6,112	533	2,372	38,878
4. Arkansas	AR	180,396	486	3,234		138	184,254
5. California	CA	96,060	889	59,480	1,830	6,637	164,896
6. Colorado	CO	19,039	73	298	10,093	249	29,752
7. Connecticut	CT	12,506	38	12,488			25,032
8. Delaware	DE	22,507	38				22,545
9. District of Columbia	DC	8,581	8			85	8,674
10. Florida	FL	576,456	(19,666)	10,664	4,177	2,060	573,691
11. Georgia	GA	304,724	191	2,503	17,511	2,686	327,615
12. Hawaii	HI	9,479	8			1,186	10,673
13. Idaho	ID	3,713	15				3,728
14. Illinois	IL	161,673	419	1,602	466		164,160
15. Indiana	IN	240,129	776	239		504	241,648
16. Iowa	IA	12,329	40	3,930		257	16,556
17. Kansas	KS	40,549	23	2,398	3,489	558	47,017
18. Kentucky	KY	74,250	119	1,909		154	76,432
19. Louisiana	LA	204,384	305	10,073		258	215,020
20. Maine	ME	67,513	517	171			68,201
21. Maryland	MD	73,486	594	135		2,511	76,726
22. Massachusetts	MA	72,054	351	74		420	72,899
23. Michigan	MI	45,790	1,635	285		79	47,789
24. Minnesota	MN	22,415	32,272			13	54,700
25. Mississippi	MS	246,674	3,974	139		202	250,989
26. Missouri	MO	147,717	379	2,205	11,062		161,363
27. Montana	MT	867	15				882
28. Nebraska	NE	23,444	-		1,899		25,343
29. Nevada	NV	17,632	-	1,610		4,734	23,976
30. New Hampshire	NH	12,383	10,165				22,548
31. New Jersey	NJ	109,644	4,516			11	114,171
32. New Mexico	NM	35,514	119			339	35,972
33. New York	NY	19,877	133,973			335	154,185
34. North Carolina	NC	374,702	1,840	9,186	19,709	17,470	422,907
35. North Dakota	ND	973	-				973
36. Ohio	OH	168,101	858	7,731		10	176,700
37. Oklahoma	OK	87,345	122				87,467
38. Oregon	OR	15,289	75			4	15,368
39. Pennsylvania	PA	97,192	6,502	6,248		278	110,220
40. Rhode Island	RI	20,996	(5)	130			21,121
41. South Carolina	SC	297,786	1,748	4,240	11,298	1,694	316,766
42. South Dakota	SD	12,436	-				12,436
43. Tennessee	TN	358,008	6,372	2,759	2,819	456	370,414
44. Texas	TX	416,593	6,290	18,335		4,570	445,788
45. Utah	UT	18,085	15	413		1,005	19,518
46. Vermont	VT	110,738	520				111,258
47. Virginia	VA	175,727	567	398		711	177,403
48. Washington	WA	17,600	8	191	1,569	119	19,487
49. West Virginia	WV	124,231	923			153	125,307
50. Wisconsin	WI	14,243	30		12,775	9	27,057
51. Wyoming	WY	1,640	15	557		1,034	3,246
52. American Samoa	AS	-	-				0
53. Guam	GU	1,043	-			240	1,283
54. Puerto Rico	PR	11,033	-			387	11,420
55. US Virgin Islands	VI	8,386	1,141				9,527
56. Northern Mariana Islands	MP	-	-				0
57. Canada	CAN	168	-				168
58. Aggregate Other Alien	OT	165,224	8				165,232
59. Totals		5,943,210	203,569	186,309	99,230	54,970	6,487,288

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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0901	Cigna Group		00-0000000	1591167	701221		Bayport Colony Apartments LLC	FL	IA	CG Bayport LLC	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		32-0222252	1591167	701221		Cigna Onsite Health, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000	1591167	701221		Gillette Ridge Community Council, Inc.	CT	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3700105	1591167	701221		Gillette Ridge Golf, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-2149519	1591167	701221		Hazard Center Investment Company LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3074013	1591167	701221		TEL-DRUG of Pennsylvania, L.L.C.	PA	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-5402196	1591167	701221		Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CR Longwood Investors L.P.	DE	IA	Cigna Affilates Realty Investment Group, LLC.	Ownership	27.030	Charles River Realty Longwood, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000	1591167	701221		ND/CR Longwood LLC	DE	IA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		ARE/ND/CR Longwood LLC	DE	IA	ND / CR Longwood LLC	Ownership	35.000	ARE-MA Region No. 41, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000	1591167	701221		Secon Properties, LP	CA	IA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Transwestern Federal , L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Market Street Residential Holdings LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Diamondview Tower CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CR Washington Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000	1591167	701221		Dulles Town Center Mall, LLC	VA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		ND/CR Unicorn LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Union Wharf Apartments LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		AMD Apartments Limited Partership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		SP Newport Crossing LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CG Seventh Street LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Ideal Properties II LLC	CA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		80-0668090	1591167	701221		Alessandro Partners, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	95.200	Cigna Corporation	N	
0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation and Newtown Square	N	
0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	

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0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CGGL 18301 LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				UVL, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.400	Cigna Corporation	N	
0901	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
'0901	Cigna Group		81-2481274				CGGL 6280 LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
'0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		27-0268530	1591167	701221		CORAC, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		27-3923999	1591167	701221		Bridgepoint Office Park Associates, LLC	DE	IA	Corac, LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		27-3126102	1591167	701221		Fairway Center Associates, LLC	DE	IA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		27-3582688	1591167	701221		Henry on the Park Associates, LLC	DE	IA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group	67369	59-1031071	1591167	701221		Cigna Health and Life Insurance Company	CT	UDP	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2681649	1591167	701221		CarePlexus, LLC	DE	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3396038	1591167	701221		Cigna Corporate Services, LLC	DE	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1903785	1591167	701221		Cigna Insurance Agency, LLC	CT	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	DS	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	

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0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2086778				Health-Lynx, LLC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0455414				WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
0901	Cigna Group		23-1728483	1591167	701221		Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8064696	1591167	701221		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65498	23-1503749	1591167	701221		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	Y	
0901	Cigna Group		58-1136865	1591167	701221		Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		46-0427127	1591167	701221		Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-0463704	1591167	701221		Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332403	1591167	701221		CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332405	1591167	701221		CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1724116	1591167	701221		Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741293	1591167	701221		Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2924152	1591167	701221		Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741294	1591167	701221		Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1071502	1591167	701221		Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1522976	1591167	701221		Blodget & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1567902	1591167	701221		Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1252419	1591167	701221		Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1533555	1591167	701221		Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2041388	1591167	701221		IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1252418	1591167	701221		LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0334401	1591167	701221		Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		88-0344624	1591167	701221		Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-2760646				CareAllies, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0389196	1591167	701221		Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0111677	1591167	701221		Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2610178	1591167	701221		Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-3087621	1591167	701221		Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CGO PARTICIPATOS LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		YCFM Servicos LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	N	
0901	Cigna Group		AA-3190987	1591167	701221		Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3009279	1591167	701221		Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Bellevue Alpha LLC.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Apac Holdings Limited	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC.	DE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		LINA Life Insurance Company of Korea	KOR	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Korea Foundation	KOR	NIA	LINA Life Insurance Company of Korea	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna HLA Technology Services Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		119-599-164				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		AA-1560515	1591167	701221		Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				LINA Financial Service	KOR	NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	06-1059331	Cigna Corporation	579,700,000	(22,000,000)		193,500	(32,151,105)		0		525,742,395	
	06-1072796	Cigna Holdings, Inc.	1,177,942,490	(289,085,000)			(1,676,519)		0		887,180,971	
	51-0402128	Cigna Intellectual Property, Inc.							0		0	
	06-1095823	Cigna Investment Group, Inc.	(3,642,490)						0		(3,642,490)	
	52-0291385	Cigna International Finance, Inc.							0		0	
	23-1914061	Former Cigna Investments, Inc					2,188,846		0		2,188,846	
	06-0861092	Cigna Investments, Inc.					39,103,604		0		39,103,604	
	01-0947889	Cigna Benefits Financing, Inc.					2,160,000		0		2,160,000	
	06-0840391	Connecticut General Corporation	28,750,000	(28,750,000)			59,958,538		0		59,958,538	
	81-0585518	Benefit Management Corp.	(5,000,000)						0		(5,000,000)	
12814	20-4433475	Allegiance Life & Health Insurance Company					(1,845,897)	234,290	0		(1,611,607)	29,632
	20-3851464	Allegiance Re, Inc.							0		0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					416,213		0		416,213	
	71-0916514	Allegiance COBRA Services, Inc.					660		0		660	
	00-0000000	Allegiance Provider Direct, LLC							0		0	
	00-0000000	Community Health Network, LLC							0		0	
	81-0425785	Intermountain Underwriters, Inc.					33,301		0		33,301	
	00-0000000	Star Point, LLC					88,717		0		88,717	
	20-1821898	HealthSpring, Inc.					(8,972,596)		0		(8,972,596)	
	76-0628370	NewQuest, LLC	(21,250,000)				(228,572)		0		(21,478,572)	
	52-1929677	NewQuest Management Northeast, LLC					116,482,363		0		116,482,363	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(27,192,370)		0		(27,192,370)	
11254	52-2363406	Bravo Health Pennsylvania, Inc.					(87,876,040)		0		(87,876,040)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.					(315,770,121)		0		(315,770,121)	
95781	63-0925225	HealthSpring of Alabama, Inc.					(101,795,691)		0		(101,795,691)	
11532	65-1129599	HealthSpring of Florida, Inc.					(118,602,443)		0		(118,602,443)	
	77-0632665	NewQuest Management of Illinois, LLC	(4,000,000)				60,278,356		0		56,278,356	
	20-4954206	NewQuest Management of Florida, LLC	(12,000,000)				93,829,309		0		81,829,309	
	20-8647386	HealthSpring Management of America, LLC	(10,500,000)				458,155,940		0		447,655,940	
	45-0633893	NewQuest Management of West Virginia, LLC							0		0	
	75-3108527	TexQuest, LLC							0		0	
	75-3108521	HouQuest, LLC							0		0	
	76-0657035	GulfQuest, LP	(95,000,000)				(16,389)		0		(95,016,389)	
	33-1033586	NewQuest Management of Alabama, LLC	(20,000,000)				177,437,738		0		157,437,738	
	72-1559530	HealthSpring USA, LLC	(10,000,000)				17,324,625		0		7,324,625	
	62-1540621	HealthSpring Management, Inc.					159,591,437		0		159,591,437	
11522	62-1593150	HealthSpring of Tennessee, Inc.					(259,642,999)		0		(259,642,999)	
	20-5524622	Tennessee Quest, LLC	(6,000,000)				(884)		0		(6,000,884)	
	26-2353476	HealthSpring Pharmacy Services, LLC							0		0	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC							0		0	
	20-4266628	Home Physicians Management, LLC							0		0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	35-2562415	Alegis Care Services, LLC							0		0	
13733	03-0452349	Cigna Arbor Life Insurance Company					(7,355)		0		(7,355)	
	41-1648670	Cigna Behavioral Health, Inc	(75,000,000)				(61,107,900)		0		(136,107,900)	
	94-3107309	Cigna Behavioral Health of California, Inc							0		0	
	75-2751090	Cigna Behavioral Health of Texas, Inc.							0		0	
	06-1346406	MCC Independent Practice Association of New York, Inc.							0		0	
	59-2308055	Cigna Dental Health, Inc	(11,425,000)				28,026,652		0		16,601,652	
	59-2600475	Cigna Dental Health Of California, Inc	(8,700,000)			(147,500)	(318,302)		0		(9,165,802)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc	(1,250,000)				(969,492)		0		(2,219,492)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc					(24,114)		0		(24,114)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc	(7,000,000)				(3,505,721)		0		(10,505,721)	
	06-1351097	Cigna Dental Health of Illinois, Inc				(23,000)			0		(23,000)	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc	(750,000)				(165,536)		0		(915,536)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc	(2,200,000)				(1,114,110)		0		(3,314,110)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc	(475,000)				(468,556)		0		(943,556)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc	(500,000)				(1,411,340)		0		(1,911,340)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc					(502,114)		0		(502,114)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc	(2,800,000)				(865,755)		0		(3,665,755)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc	(1,500,000)				(545,861)		0		(2,045,861)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc	(7,200,000)				(4,121,872)		0		(11,321,872)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc	(1,000,000)				(590,785)		0		(1,590,785)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc	(3,000,000)				417,053		0		(2,582,947)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc	(2,200,000)				(1,156,135)		0		(3,356,135)	
	62-1312478	Cigna Health Corporation	(5,400,000)	14,250,000			33,038,782		0		41,888,782	
	02-0387748	Healthsource, Inc							0		0	
95125	86-0334392	Cigna HealthCare of Arizona, Inc		78,000,000			(76,521,513)	(375,868)	0		1,102,619	670,022
	95-3310115	Cigna HealthCare of California, Inc		9,000,000			(89,452)		0		8,910,548	4,746,698
95604	84-1004500	Cigna HealthCare of Colorado, Inc					(491,943)	710,294	0		218,351	44,766
95660	06-1141174	Cigna HealthCare of Connecticut, Inc					(2,034,219)	(3,944)	0		(2,038,163)	2,105
95136	59-2089259	Cigna HealthCare of Florida, Inc					(230,053)	(18,517)	0		(248,570)	9,881
95602	36-3385638	Cigna HealthCare of Illinois, Inc				(23,000)	(380,576)	(9,195)	0		(412,771)	4,907
95477	01-0418220	Cigna HealthCare of Maine, Inc					36		0		36	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc					8		0		8	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc					(2,284)		0		(2,284)	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc					(16,230)		0		(16,230)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc		2,500,000			(663,108)	55,288	0		1,892,180	7,172
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc							0		0	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc					(5,900,065)	283,757	0		(5,616,308)	47,200
95518	62-1230908	Cigna HealthCare of Utah, Inc							0		0	
96229	58-1641057	Cigna HealthCare of Georgia, Inc		52,000,000			(62,105,279)	(36,725)	0		(10,142,004)	19,598
95383	74-2767437	Cigna HealthCare of Texas, Inc		14,000,000			(23,105,571)	1,906,224	0		(7,199,347)	724,319
95525	35-1679172	Cigna HealthCare of Indiana, Inc					(21,424)	(161)	0		(21,585)	5,892

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

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

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

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

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67903	23-1335885	Provident American Life & Health Insurance Company					(574,610)		0		(574,610)	
65269	75-2305400	United Benefit Life Insurance Company					(22,421)		0		(22,421)	
65722	63-0343428	Loyal American Life Insurance Company		(6,500,000)			(23,150,876)		0		(29,650,876)	
88366	59-2760189	American Retirement Life Insurance Company		21,500,000			(27,906,479)		0		(6,406,479)	
	23-3744987	QualCare Alliance Networks, Inc.							0		0	
	22-3129563	QualCare, Inc.							0		0	
	22-2483867	Scibal Associates, Inc.							0		0	
	46-1634843	QualCare Captive Insurance Company Inc., PCC							0		0	
	46-1801639	QualCare Management Resources Limited Liability Company							0		0	
	46-2086778	Health-Lynx, LLC							0		0	
77399	13-1867829	Sterling Life Insurance Company	(2,100,000)				(3,529,363)		0		(5,629,363)	
	91-1500758	Olympic Health Management Systems, Inc.	(2,800,000)						0		(2,800,000)	
	91-1599329	Olympic Health Management Services, Inc.	(100,000)						0		(100,000)	
	88-0455414	WorldDoc, Inc.							0		0	
	23-1728483	Cigna Health Management, Inc.					168,501,604		0		168,501,604	
	20-8064696	Kronos Optimal Health Company					756,635		0		756,635	
65498	23-1503749	Life Insurance Company of North America		(4,376,188)		(1,642,804)	(28,474,614)	69,807,940	0		35,314,334	669,673,856
	00-0000000	Cigna & CMB Life Insurance Company Limited							0		0	
	58-1136865	Cigna Direct Marketing Company, Inc.							0		0	
	46-0427127	Tel-Drug, Inc.	(144,000,000)				(111,660)		0		(144,111,660)	
	00-0000000	Cigna Global Wellbeing Holdings Limited							0		0	
	00-0000000	Cigna Global Wellbeing Solutions Limited							0		0	
	98-0463704	Vielife Services, Inc.							0		0	
	06-1332403	CG Individual Tax Benefits Payments, Inc.							0		0	
	06-1332405	CG Life Pension Benefits Payments, Inc.							0		0	
	06-1332401	CG LINA Pension Benefits Payments, Inc.							0		0	
	62-1724116	Cigna Federal Benefits, Inc.							0		0	
	23-2741293	Cigna Healthcare Benefits, Inc.							0		0	
	23-2924152	Cigna Integratedcare, Inc.							0		0	
	23-2741294	Cigna Managed Care Benefits Company							0		0	
	06-1071502	Cigna RE Corporation							0		0	
	06-1522976	Blodget & Hazard Limited							0		0	
	06-1567902	Cigna Resource Manager, Inc.							0		0	
	06-1252419	Connecticut General Benefit Payments, Inc.							0		0	
	06-1533555	Healthsource Benefits, Inc.							0		0	
	35-2041388	IHN, Inc.					(4,567)		0		(4,567)	
	06-1252418	LINA Benefit Payments, Inc.							0		0	
	88-0334401	Mediversal, Inc.							0		0	
	88-0344624	Universal Claims Administration							0		0	
	81-2760646	CareAllies, Inc.		17,901,000					0		17,901,000	
	51-0389196	Cigna Global Holdings, Inc.	(55,400,000)	135,184,000					0		79,784,000	
	51-0111677	Cigna International Corporation, Inc.					(10,000,008)		0		(10,000,008)	

SCHEDULE Y

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	23-2610178	Cigna International Services, Inc.							0		0	
	30-3087621	Cigna International Marketing (Thailand) Limited							0		0	
	00-0000000	CGO PARTICIPATOS LTDA.							0		0	
	00-0000000	YCFM Servicos LTDA.							0		0	
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(155,500,000)			1,642,804	(8,751)	(106,649,298)	0		(260,515,245)	(99,309,124)
	23-3009279	Cigna Holdings Overseas, Inc.							0		0	
	00-0000000	Cigna Bellevue Alpha LLC							0		0	
	46-4110289	Cigna Linden Holdings, Inc.							0		0	
	98-1146864	Cigna Laurel Holdings, Ltd.							0		0	
	00-0000000	Cigna Palmetto Holdings, Ltd.							0		0	
	00-0000000	Cigna Apac Holdings Limited							0		0	
	00-0000000	Cigna Alder Holdings, LLC							0		0	
	00-0000000	Cigna Walnut Holdings, Ltd.							0		0	
	98-1137759	Cigna Chestnut Holdings, Ltd.							0		0	
	00-0000000	LINA Life Insurance Company of Korea							0		0	
	00-0000000	Cigna Korea Foundation							0		0	
	00-0000000	Cigna International Services Australia Pty Ltd							0		0	
	00-0000000	Cigna Hong Kong Holdings Company Limited							0		0	
	00-0000000	Cigna Data Services (Shanghai) Company Limited							0		0	
	00-0000000	Cigna HLA Technology Services Limited							0		0	
	00-0000000	Cigna Worldwide General Insurance Company Limited							0		0	
	00-0000000	Cigna Worldwide Life Insurance Company Limited							0		0	
	00-0000000	Cigna International Health Services Sdn. Bhd.							0		0	
	00-0000000	Cigna Life Insurance New Zealand Limited							0		0	
	00-0000000	Grown Ups New Zealand Limited							0		0	
	AA-1560515	Cigna Life Insurance Company of Canada					(19,562,727)	(799,187)	0		(20,361,914)	(47)
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company							0		0	
	00-0000000	LINA Financial Service							0		0	
	00-0000000	RHP (Thailand) Limited							0		0	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited							0		0	
	00-0000000	KDM (Thailand) Limited							0		0	
	00-0000000	Cigna Insurance Public Company Limited							0		0	
	00-0000000	Cigna Taiwan Life Assurance Company Limited							0		0	
	98-1154657	Cigna Myrtle Holdings, Ltd.							0		0	
	98-1155943	Cigna Elmwood Holdings, SPRL							0		0	
	98-1181787	Cigna Beechwood Holdings							0		0	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(22,855)	(400,358)	0		(423,213)	46,954
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.							0		0	
	00-0000000	Cigna European Services (UK) Limited							0		0	
	00-0000000	CIGNA 2000 UK Pension LTD							0		0	
	00-0000000	Cigna Oak Holdings, Ltd.							0		0	
	00-0000000	Cigna Willow Holdings, Ltd.							0		0	

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	00-0000000	FirstAssist Administration Limited							0		0	
	00-0000000	Cigna Legal Protection Limited							0		0	
	00-0000000	Cigna Insurance Services (Europe) Limited							0		0	
	00-0000000	Cigna International Health Services, BVBA							0		0	
	00-0000000	Cigna International Health Services, LLC							0		0	
	00-0000000	Cigna International Health Services Kenya Limited							0		0	
	00-0000000	Cigna Sequoia Holdings SPRL							0		0	
	00-0000000	Cigna Cedar Holdings, Ltd							0		0	
	00-0000000	Cigna Magnolia Holdings, Ltd							0		0	
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna T							0		0	
	00-0000000	Cigna Nederland Alpha Cooperatief U.A							0		0	
	00-0000000	Cigna Nederland Beta B.V							0		0	
	00-0000000	Cigna Nederland Gamma B.V							0		0	
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.							0		0	
	00-0000000	Cigna Health Solution India Pvt. Ltd							0		0	
	46-4099800	Cigna Poplar Holdings, Inc							0		0	
	00-0000000	PT GAR Indonesia							0		0	
	00-0000000	PT PGU Indonesia							0		0	
	00-0000000	Cigna Global Insurance Company Limited					(2,753,185)	(10,011)	0		(2,763,196)	
	00-0000000	CignaTTK Health Insurance Company Limited							0		0	
	00-0000000	Cigna SAICO Benefits Services W.L.L							0		0	
90859	23-2088429	Cigna Worldwide Insurance Company					578,255	21,369	0		599,624	181,065
	AA-5360003	PT. Asuransi Cigna							0		0	
	00-0000000	Cigna Teak Holdings, LLC							0		0	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your 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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

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EXPLANATIONS:

1.
2.
3.
4.
5.
6.
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12. The data for this supplement is not required to be filed.
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14. The data for this supplement is not required to be filed.
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18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
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22. The data for this supplement is not required to be filed.
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31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.

BAR CODE:

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

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

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

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

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

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

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

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3	All Other Lines		
	Life	Cost Containment	All Other	of Business	Investment	Total
09.304. Allocated home office	4,058		416,463			420,521
09.397. Summary of remaining write-ins for Line 9.3	4,058	0	416,463	0	0	420,521

Overflow Page for Write-Ins

Additional Write-ins for Schedule H:

	Total		Group Accident and Health		Credit Accident and Health (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 %
1104. Interest and adjustments on contract or deposit-type contrac	(24)	(0.0)		0.0		0.0	(1)	(0.0)	7	0.0	(30)	(0.0)		0.0		0.0		0.0
1197. Summary of remaining write-ins for Line 11	(24)	(0.0)	0	0.0	0	0.0	(1)	(0.0)	7	0.0	(30)	(0.0)	0	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.....Alaska

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-AA-F-AK	F	NO	34000	.05/02/2013				Modernized Medicare Supplement Insurance Plan	7,389	3,279	44.4	3	78,518	79,284	101.0	55
YES	LOYAL-MS-AA-G-AK	G	NO	34000	.05/02/2013				Modernized Medicare Supplement Insurance Plan			0.0		70,309	113,210	161.0	83
YES	LOYAL-MS-AA-N-AK	N	NO	34000	.05/02/2013				Modernized Medicare Supplement Insurance Plan			0.0		39,687	23,550	59.3	40
YES	LOYAL-MSD-AA-G-AK	G	NO	204000	.08/21/2013				Modernized Medicare Supplement Insurance Plan			0.0		1,060	3,884	366.4	1
YES	LOYAL-MSX-AA-F-AK	F	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan			0.0		8,530	9,707	113.8	5
YES	LOYAL-MSX-AA-G-AK	G	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MSX-AA-HDF	F*	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan			0.0		3,481	241	6.9	5
YES	LOYAL-MSX-AA-N-AK	N	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan			0.0		5,080	590	11.6	5
0199999.	Total Policy Experience on Individual Policies									7,389	3,279	44.4	3	206,665	230,466	111.5	194

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6200-AL	H	NO	34000	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,980	3,215	35.8	3			0.0	
YES	L-6201-AL	I	NO	34000	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,570	1,661	25.3	2			0.0	
YES	L-6202-AL	J	NO	34000	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	124,696	89,460	71.7	34			0.0	
YES	LOYAL-MS-AA-F-AL	F	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	197,696	127,092	64.3	80	586,354	373,998	63.8	252
YES	LOYAL-MS-AA-G-AL	G	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	169,574	152,874	90.2	75	157,563	134,082	85.1	76
YES	LOYAL-MS-AA-N-AL	N	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	35,604	16,473	46.3	20	160,668	97,189	60.5	92
0199999.	Total Policy Experience on Individual Policies									543,120	390,775	72.0	214	904,585	605,269	66.9	420

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5233-AR	D	NO	34060	09/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,287	10,950	850.8				0.0	
YES	L-5234-AR	F	NO	34060	09/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	97,146	84,896	87.4	46			0.0	
YES	L-5235-AR	G	NO	34060	09/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,140	6,166	120.0	2			0.0	
YES	LOYAL-MS-CR-C-AR	C	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		2,064	3,111	150.7	1
YES	LOYAL-MS-CR-D-AR	D	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		8,693	9,734	112.0	5
YES	LOYAL-MS-CR-F-AR	F	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	40,463	41,873	103.5	19	2,056,820	1,700,056	82.7	1,042
YES	LOYAL-MS-CR-G-AR	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	8,822	5,657	64.1	5	406,992	375,150	92.2	233
YES	LOYAL-MS-CR-N-AR	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	2,541	(38)	(1.5)	1	343,659	228,093	66.4	248
0199999.	Total Policy Experience on Individual Policies									155,399	149,504	96.2	73	2,818,228	2,316,144	82.2	1,529

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5230-AZ	A	NO	34000	11/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,811	166	5.9	1			0.0	
YES	L-5233-AZ	D	NO	34000	11/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,084	1,274	41.3	1			0.0	
YES	L-5234-AZ	F	NO	34000	11/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	85,239	57,824	67.8	21			0.0	
YES	LOYAL-MS-IA-F-AZ	F	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	70,828	54,247	76.6	22	50,386	27,611	54.8	16
YES	LOYAL-MS-IA-G-AZ	G	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	7,714	1,044	13.5	3	20,993	3,479	16.6	8
YES	LOYAL-MS-IA-N-AZ	N	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	3,773	50	1.3	1	2,518	2,206	87.6	1
0199999.	Total Policy Experience on Individual Policies									173,449	114,605	66.1	49	73,897	33,296	45.1	25

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-AA-A-CA	A	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan			0.0		7,834	10,911	139.3	3
YES	LOYAL-MS-AA-F-CA	F	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan			0.0		11,121,622	9,397,970	84.5	5,252
YES	LOYAL-MS-AA-G-CA	G	NO	34000	.04/02/2014				Modernized Medicare Supplement Insurance Plan			0.0		2,771,070	1,961,500	70.8	1,982
YES	LOYAL-MS-AA-N-CA	N	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan			0.0		1,477,568	1,085,108	73.4	987
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	15,378,094	12,455,489	81.0	8,224

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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.....	LOYAL-MS-AA-F-CO	F.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	690,542	463,750	.....67.2	289	479,988	426,601	.....88.9	210
.....YES.....	LOYAL-MS-AA-G-CO	G.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	91,789	34,701	.....37.8	43	122,574	105,777	.....86.3	70
.....YES.....	LOYAL-MS-AA-N-CO	N.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	9,893	20,650	.....208.7	5	21,599	11,963	.....55.4	12
0199999.	Total Policy Experience on Individual Policies.....									792,224	519,101	.....65.5	337	624,161	544,341	.....87.2	292

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-CR-A-CT	A	NO	34060	11/08/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		27,705	51,003	184.1	11
YES	LOYAL-MS-CR-F-CT	F	NO	34000	11/08/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		694,563	494,695	71.2	225
YES	LOYAL-MS-CR-G-CT	G	NO	34000	11/08/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		1,165,004	1,039,897	89.3	425
YES	LOYAL-MS-CR-N-CT	N	NO	34000	11/08/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		168,443	111,069	65.9	81
YES	LOYAL-MSD-CR-A-CT	A	NO	204060	05/23/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0		15,925	8,457	53.1	6
YES	LOYAL-MSD-CR-F-CT	F	NO	204000	05/23/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MSD-CR-N-CT	N	NO	204000	05/23/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0				0.0	
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	2,071,640	1,705,121	82.3	748

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 6 3 6 0 0 9 1 0 0 *

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-AA-F-DC	F	NO	34000	.05/09/2013	0	0		Modernized Medicare Supplement Insurance Plan	5,857	6,390	109.1	3	30,758	13,464	43.8	14
YES	LOYAL-MS-AA-G-DC	G	NO	34000	.05/09/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		25,480	16,501	64.8	18
YES	LOYAL-MS-AA-N-DC	N	NO	34000	.05/09/2013	0	0		Modernized Medicare Supplement Insurance Plan	1,354	1,591	117.5	1	3,524	709	20.1	3
YES	LOYAL-MSD-AA-F-DC	F	NO	204000	.08/05/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		28,961	28,194	97.4	13
YES	LOYAL-MSD-AA-G-DC	G	NO	204000	.08/05/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		22,065	21,605	97.9	17
YES	LOYAL-MSD-AA-N-DC	N	NO	204000	.08/05/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		6,868	4,900	71.3	6
YES	LOYAL-MSX-AA-F-DC	F	NO	30500	.06/12/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		2,250	1,064	47.3	4
YES	LOYAL-MSX-AA-HDF	F*	NO	30500	.06/12/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MSX-AA-N-DC	N	NO	30500	.06/12/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		515	82	15.9	1
0199999.	Total Policy Experience on Individual Policies									7,211	7,981	110.7	4	120,421	86,519	71.8	76

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 866-459-4272

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6200-GA	H	NO	34000	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	973	441	45.3				0.0	
YES	L-6201-GA	I	NO	34000	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,255	2,792	19.6	5			0.0	
YES	L-6202-GA	J	NO	34000	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	226,935	125,049	55.1	72			0.0	
YES	LOYAL-MS-IA-F-GA.	F	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	134,080	113,472	84.6	50	417,017	287,368	68.9	160
YES	LOYAL-MS-IA-G-GA.	G	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	48,986	24,256	49.5	20	183,013	137,975	75.4	78
YES	LOYAL-MS-IA-N-GA.	N	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	13,194	6,778	51.4	7	88,835	27,029	30.4	49
0199999.	Total Policy Experience on Individual Policies									438,423	272,788	62.2	154	688,865	452,372	65.7	287

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-AA-F-HI	F	NO	34060	01/03/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0		46,083	35,073	76.1	36
YES	LOYAL-MS-AA-G-HI	G	NO	34060	01/03/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0		43,051	25,213	58.6	50
YES	LOYAL-MS-AA-N-HI	N	NO	34060	01/03/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0		12,288	3,755	30.6	11
YES	LOYAL-MSD-AA-F-HI	F	NO	204060	02/03/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0		27,990	12,974	46.4	14
YES	LOYAL-MSD-AA-G-HI	G	NO	204060	02/03/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0		41,879	28,581	68.2	34
YES	LOYAL-MSD-AA-N-HI	N	NO	204060	02/03/2014	0	0		Modernized Medicare Supplement Insurance Plan			0.0		6,945	2,135	30.7	5
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	178,236	107,731	60.4	150

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5233-IA	D	NO	34000	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,573	6,290	112.9	2			0.0	
YES	L-5234-IA	F	NO	34000	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	397,012	341,619	86.0	127			0.0	
YES	L-5235-IA	G	NO	34000	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,446	7,687	91.0	3			0.0	
YES	L-6200-IA	H	NO	34000	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,593	6,926	192.8	1			0.0	
YES	L-6201-IA	I	NO	34000	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,539	2,097	37.9	2			0.0	
YES	L-6202-IA	J	NO	34000	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,073,547	839,699	78.2	340			0.0	
YES	LOYAL-MS-AA-F-IA	F	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	948,140	908,982	95.9	351	84,783	70,386	83.0	33
YES	LOYAL-MS-AA-G-IA	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	43,839	26,262	59.9	19	26,091	24,060	92.2	11
YES	LOYAL-MS-AA-N-IA	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	7,597	4,354	57.3	3	68,277	52,660	77.1	38
0199999.	Total Policy Experience on Individual Policies									2,493,286	2,143,916	86.0	848	179,151	147,106	82.1	82

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 866-459-4272

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5234-ID	F	NO	34000	07/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	50,281	42,835	85.2	17			0.0	
YES	L-5235-ID	G	NO	34000	07/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	42,129	33,912	80.5	19			0.0	
YES	L-6201-ID	I	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan		20	0.0				0.0	
YES	L-6202-ID	J	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	358,712	225,857	63.0	118			0.0	
YES	LOYAL-MS-IA-A-ID	A	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		3,447	1,994	57.8	2
YES	LOYAL-MS-IA-B-ID	B	NO	34000	08/04/2010	0	0		Modernized Medicare Supplement Insurance Plan	4,555	5,384	118.2	2			0.0	
YES	LOYAL-MS-IA-C-ID	C	NO	34000	08/04/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MS-IA-D-ID	D	NO	34000	08/04/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		2,220	(46)	(2.1)	1
YES	LOYAL-MS-IA-F-ID	F	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	289,302	217,464	75.2	116	554,666	337,267	60.8	229
YES	LOYAL-MS-IA-G-ID	G	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	48,282	45,730	94.7	21	125,029	68,068	54.4	70
YES	LOYAL-MS-IA-N-ID	N	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	10,868	5,960	54.8	6	167,916	103,660	61.7	104
YES	LOYAL-MSX-IA-F-MI	F	NO	30500	08/04/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		52,061	21,514	41.3	36
YES	LOYAL-MSX-IA-G-MI	G	NO	30500	08/04/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		26,158	22,147	84.7	22
YES	LOYAL-MSX-IA-HDF-	F*	NO	30500	08/04/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		3,683	253	6.9	4
YES	LOYAL-MSX-IA-N-MI	N	NO	30500	08/04/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		28,181	18,050	64.1	22
0199999.	Total Policy Experience on Individual Policies									804,129	577,162	71.8	299	963,361	572,907	59.5	490

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5234-IL	F	NO	34060	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	513,350	314,153	61.2	145			0.0	
YES	L-5235-IL	G	NO	34060	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,081	6,906	29.9	8			0.0	
YES	L-6200-IL	H	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,030	2,019	22.4	3			0.0	
YES	L-6201-IL	I	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,121	11,312	59.2	6			0.0	
YES	L-6202-IL	J	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,001,199	1,520,173	76.0	585			0.0	
YES	LOYAL-MS-AA-C-IL	C	NO	34060	06/28/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan			0.0		5,992	4,654	77.7	2
YES	LOYAL-MS-AA-D-IL	D	NO	34060	06/28/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	5,694	8,700	152.8	2	1,955	267	13.7	1
YES	LOYAL-MS-AA-F-IL	F	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	3,418,229	2,893,082	84.6	1,216	2,486,217	1,927,648	77.5	971
YES	LOYAL-MS-AA-G-IL	G	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	282,084	208,216	73.8	102	490,612	298,313	60.8	205
YES	LOYAL-MS-AA-N-IL	N	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	217,228	208,488	96.0	105	666,266	443,679	66.6	351
0199999.	Total Policy Experience on Individual Policies									6,489,016	5,173,049	79.7	2,172	3,651,042	2,674,561	73.3	1,530

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 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 866-459-4272

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5231-IN	B	NO	34000	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,643	74	2.8	1			0.0	
YES	L-5232-IN	C	NO	34000	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,017	1,880	31.2	1			0.0	
YES	L-5233-IN	D	NO	34000	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,939	438	5.5	2			0.0	
YES	L-5234-IN	F	NO	34000	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	571,607	404,396	70.7	171			0.0	
YES	L-5235-IN	G	NO	34000	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	256,277	251,070	98.0	78			0.0	
YES	L-6200-IN	H	NO	34000	11/14/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,023	17,410	96.6	5			0.0	
YES	L-6201-IN	I	NO	34000	11/14/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,564	11,003	33.8	11			0.0	
YES	L-6202-IN	J	NO	34000	11/14/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,254,713	969,874	77.3	381			0.0	
YES	LOYAL-MS-AA-A-IN	A	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	7,579	4,391	57.9	5			0.0	
YES	LOYAL-MS-AA-B-IN	B	NO	34000	07/26/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		1,814	(17)	(0.9)	1
YES	LOYAL-MS-AA-C-IN	C	NO	34000	07/26/2010	0	0		Modernized Medicare Supplement Insurance Plan	19,611	12,162	62.0	7	2,164	2,911	134.5	1
YES	LOYAL-MS-AA-D-IN	D	NO	34000	07/26/2010	0	0		Modernized Medicare Supplement Insurance Plan	33,934	35,953	105.9	15	1,913	1,318	68.9	1
YES	LOYAL-MS-AA-F-IN	F	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	1,745,786	1,424,567	81.6	729	2,953,028	2,533,080	85.8	1,351
YES	LOYAL-MS-AA-G-IN	G	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	466,955	350,181	75.0	221	755,662	498,407	66.0	388
YES	LOYAL-MS-AA-N-IN	N	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	303,301	202,285	66.7	173	1,227,136	962,472	78.4	746
0199999.	Total Policy Experience on Individual Policies									4,726,949	3,685,684	78.0	1,800	4,941,717	3,998,171	80.9	2,488

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6200-KS	H	NO	34060	.11/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,927	1,983	67.7	1			0.0	
YES	L-6201-KS	I	NO	34060	.11/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	51,471	49,309	95.8	17			0.0	
YES	L-6202-KS	J	NO	34060	.11/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	800,766	507,890	63.4	236			0.0	
YES	LOYAL-MS-AA-A-KS	A	NO	34060	.06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		1,742	597	34.3	1
YES	LOYAL-MS-AA-F-KS	F	NO	34060	.06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	684,895	548,314	80.1	266	1,571,400	1,124,122	71.5	707
YES	LOYAL-MS-AA-G-KS	G	NO	34060	.06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	64,796	40,707	62.8	28	124,118	98,848	79.6	72
YES	LOYAL-MS-AA-N-KS	N	NO	34060	.06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	6,251	17,920	286.7	2	57,617	55,345	96.1	34
0199999.	Total Policy Experience on Individual Policies									1,611,106	1,166,123	72.4	550	1,754,877	1,278,912	72.9	814

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5230-KY	A	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,637	986	37.4	1			0.0	
YES	L-5231-KY	B	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	39,297	36,360	92.5	11			0.0	
YES	L-5232-KY	C	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,234	4,936	152.6	1			0.0	
YES	L-5233-KY	D	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,789	9,775	258.0	1			0.0	
YES	L-5234-KY	F	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	398,250	266,775	67.0	116			0.0	
YES	L-5235-KY	G	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	40,875	37,316	91.3	10			0.0	
YES	LOYAL-MS-AA-A-KY	A	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	1,346	8	0.6	1	4,188	10,003	238.8	2
YES	LOYAL-MS-AA-B-KY	B	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		2,706	12,316	455.1	1
YES	LOYAL-MS-AA-C-KY	C	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	20,979	6,641	31.7	8	7,462	15,637	209.6	3
YES	LOYAL-MS-AA-D-KY	D	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	5,316	21,305	400.8	2			0.0	
YES	LOYAL-MS-AA-F-KY	F	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	636,622	504,142	79.2	241	2,087,577	1,409,459	67.5	916
YES	LOYAL-MS-AA-G-KY	G	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	152,669	98,626	64.6	68	340,515	209,023	61.4	169
YES	LOYAL-MS-AA-N-KY	N	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	36,361	25,642	70.5	17	423,805	253,360	59.8	249
0199999.	Total Policy Experience on Individual Policies									1,341,375	1,012,512	75.5	477	2,866,253	1,909,798	66.6	1,340

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5231-LA	B	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,346	17,630	132.1	4			0.0	
YES	L-5232-LA	C	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,556	699	15.3	1			0.0	
YES	L-5233-LA	D	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,443	1,885	54.7	1			0.0	
YES	L-5234-LA	F	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	131,609	48,644	37.0	35			0.0	
YES	L-5235-LA	G	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	34,530	11,860	34.3	9			0.0	
YES	L-5333-LA	F	YES	34060	06/30/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,824	1,909	67.6	1			0.0	
YES	LOYAL-MS-AA-A-LA	A	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		1,606	16,017	997.3	1
YES	LOYAL-MS-AA-C-LA	C	NO	34060	06/25/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		4,768	298	6.3	2
YES	LOYAL-MS-AA-F-LA	F	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	97,415	78,571	80.7	32	505,215	379,293	75.1	201
YES	LOYAL-MS-AA-G-LA	G	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	32,911	24,563	74.6	13	150,221	92,399	61.5	68
YES	LOYAL-MS-AA-N-LA	N	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		117,482	82,080	69.9	60
0199999.	Total Policy Experience on Individual Policies									320,634	185,761	57.9	96	779,292	570,087	73.2	332

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

										Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
1	2	3	4	5	6	7	8	9	10	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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-CR-A-ME	A	NO	34060	.05/29/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		331	269	81.3	1
YES	LOYAL-MS-CR-F-ME	F	NO	34000	.05/29/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		45,731	51,164	111.9	26
YES	LOYAL-MS-CR-G-ME	G	NO	34000	.05/29/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		140,625	75,093	53.4	106
YES	LOYAL-MS-CR-N-ME	N	NO	34000	.05/29/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		27,802	16,342	58.8	23
YES	LOYAL-MSD-CR-F-MI	F	NO	204000	.07/03/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		15,761	3,869	24.5	8
YES	LOYAL-MSD-CR-G-M	G	NO	204000	.07/03/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		72,277	57,232	79.2	37
YES	LOYAL-MSD-CR-N-M	N	NO	204000	.07/03/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		16,624	8,841	53.2	12
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	319,151	212,810	66.7	213

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5234-MI	F	NO	34000	09/21/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	51,163	30,438	59.5	13			0.0	
YES	L-6200-MI	H	NO	34000	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,763	201	2.3	2			0.0	
YES	L-6201-MI	I	NO	34000	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,196	7,660	28.2	8			0.0	
YES	L-6202-MI	J	NO	34000	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	595,845	370,085	62.1	170			0.0	
YES	LOYAL-MS-AA-A-MI	A	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		1,160	612	52.8	1
YES	LOYAL-MS-AA-B-MI	B	NO	34000	06/07/2010	0	0		Modernized Medicare Supplement Insurance Plan		90	0.0				0.0	
YES	LOYAL-MS-AA-C-MI	C	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	38,744	29,345	75.7	13	4,107	3,570	86.9	2
YES	LOYAL-MS-AA-D-MI	D	NO	34000	06/07/2010	0	0		Modernized Medicare Supplement Insurance Plan	58,058	41,540	71.5	23			0.0	
YES	LOYAL-MS-AA-F-MI	F	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	1,843,109	1,653,559	89.7	735	1,326,168	1,011,855	76.3	578
YES	LOYAL-MS-AA-G-MI	G	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	628,446	465,326	74.0	279	355,272	238,353	67.1	198
YES	LOYAL-MS-AA-N-MI	N	NO	34000	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	373,508	278,575	74.6	197	379,112	364,661	96.2	232
YES	LOYAL-MSX-AA-F-MI	F	NO	30500	09/24/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		166,433	161,314	96.9	104
YES	LOYAL-MSX-AA-G-MI	G	NO	30500	09/24/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		56,286	30,867	54.8	46
YES	LOYAL-MSX-AA-HDF	F*	NO	30500	09/24/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		42,702	20,599	48.2	57
YES	LOYAL-MSX-AA-N-MI	N	NO	30500	09/24/2015	0	0		Modernized Medicare Supplement Insurance Plan			0.0		80,282	74,738	93.1	63
0199999.	Total Policy Experience on Individual Policies									3,624,832	2,876,819	79.4	1,440	2,411,522	1,906,569	79.1	1,281

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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.....	LOYAL-MS-BASIC-MI	O.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	433,570	396,481	.....91.4	232
.....YES.....	LOYAL-MS-COPAYM	O.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	1,981	664	.....33.5	4
.....YES.....	LOYAL-MS-EXTENDE	O.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.....	Modernized Medicare Supplement Insurance Plan	263,075	136,458	.....51.9	106	347,164	230,729	.....66.5	182
0199999.	Total Policy Experience on Individual Policies.....									263,075	136,458	.....51.9	106	782,715	627,874	.....80.2	418

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6200-MO	H	NO	34060	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,077	13,535	103.5	4			0.0	
YES	L-6201-MO	I	NO	34060	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,041	7,077	100.5	2			0.0	
YES	L-6202-MO	J	NO	34060	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	882,972	623,668	70.6	253			0.0	
YES	LOYAL-MS-IA-A-MO	A	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		3,340	402	12.0	2
YES	LOYAL-MS-IA-F-MO	F	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	353,910	319,932	90.4	119	961,804	675,916	70.3	366
YES	LOYAL-MS-IA-G-MO	G	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	79,760	43,130	54.1	30	186,765	84,130	45.0	82
YES	LOYAL-MS-IA-N-MO	N	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	13,176	27,187	206.3	6	57,509	17,188	29.9	27
0199999.	Total Policy Experience on Individual Policies									1,349,936	1,034,529	76.6	414	1,209,418	777,636	64.3	477

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5232-MS	C	NO	34060	07/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,410	2,866	34.1	2			0.0	
YES	L-5234-MS	F	NO	34060	07/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	138,472	98,085	70.8	42			0.0	
YES	L-5235-MS	G	NO	34060	07/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,006	1,559	19.5	2			0.0	
YES	L-5332-MS	D	YES	34060	03/11/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,510	673	26.8	1			0.0	
YES	L-5333-MS	F	YES	34060	03/11/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	269,795	161,794	60.0	89			0.0	
YES	L-5334-MS	G	YES	34060	03/11/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,383	10,460	438.9	1			0.0	
YES	L-6200-MS	H	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,724	6,560	176.2	1			0.0	
YES	L-6201-MS	I	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,316	23,526	282.9	2			0.0	
YES	L-6202-MS	J	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	827,403	589,402	71.2	243			0.0	
YES	LOYAL-MS-AA-A-MS	A	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		15,273	9,413	61.6	7
YES	LOYAL-MS-AA-B-MS	B	NO	34060	07/22/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	12,981	11,023	84.9	6	3,488	1,182	33.9	2
YES	LOYAL-MS-AA-C-MS	C	NO	34060	07/22/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	11,259	23,761	211.0	4	7,066	2,715	38.4	3

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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
YES	LOYAL-MS-AA-D-MS	D	NO	34000	07/22/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	6,030	6,560	108.8	3	7,215	1,608	22.3	4
YES	LOYAL-MS-AA-F-MS	F	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	1,611,142	1,456,682	90.4	582	1,527,732	1,004,490	65.8	700
YES	LOYAL-MS-AA-G-MS	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	141,028	103,311	73.3	58	286,019	165,299	57.8	148
YES	LOYAL-MS-AA-N-MS	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	57,667	35,837	62.1	30	319,996	227,733	71.2	193
0199999.	Total Policy Experience on Individual Policies									3,109,126	2,532,099	81.4	1,066	2,166,789	1,412,440	65.2	1,057

360.1

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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

GENERAL INTERROGATORIES

3.2 Contact person and phone number..... David Brosig 866-459-4272

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5233-MT	D	NO	34000	09/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,723	2,579	149.7				0.0	
YES	L-5234-MT	F	NO	34000	09/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,540	20,667	77.9	7			0.0	
YES	L-5235-MT	G	NO	34000	09/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,312	6,714	202.7	1			0.0	
YES	L-6201-MT	I	NO	34000	02/25/2009	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,135	32	1.0	1			0.0	
YES	L-6202-MT	J	NO	34000	02/25/2009	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,074,145	850,052	79.1	373			0.0	
YES	LOYAL-MS-AA-F-MT	F	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	44,248	31,129	70.4	18	130,217	92,648	71.1	59
YES	LOYAL-MS-AA-G-MT	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	17,711	4,350	24.6	6	44,543	23,353	52.4	23
YES	LOYAL-MS-AA-N-MT	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	5,644	1,676	29.7	3	10,201	5,646	55.3	6
0199999.	Total Policy Experience on Individual Policies									1,176,458	917,199	78.0	409	184,961	121,647	65.8	88

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5232-NC	C	NO	34060	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,382	8,069	70.9	2			0.0	
YES	L-5233-NC	D	NO	34000	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,902	397	13.7	1			0.0	
YES	L-5234-NC	F	NO	34000	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	252,369	182,892	72.5	67			0.0	
YES	L-5235-NC	G	NO	34000	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,729	34,661	125.0	7			0.0	
YES	L-6200-NC	H	NO	34000	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,695	9,010	92.9	3			0.0	
YES	L-6201-NC	I	NO	34000	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,085	22,541	64.2	11			0.0	
YES	L-6202-NC	J	NO	34060	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,384,468	828,632	59.9	396			0.0	
YES	LOYAL-MS-AA-A-NC	A	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	2,657	1,522	57.3	1	5,018	3,168	63.1	2
YES	LOYAL-MS-AA-B-NC	B	NO	34000	07/02/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan			0.0		1,727	46	2.7	1
YES	LOYAL-MS-AA-C-NC	C	NO	34060	07/02/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	37,308	23,429	62.8	12	7,153	1,851	25.9	2
YES	LOYAL-MS-AA-D-NC	D	NO	34000	07/02/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	20,785	4,819	23.2	8	1,607	4,794	298.3	1
YES	LOYAL-MS-AA-F-NC	F	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	1,447,534	1,211,198	83.7	514	786,626	641,175	81.5	352
YES	LOYAL-MS-AA-G-NC	G	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	191,153	130,781	68.4	76	225,243	138,334	61.4	114
YES	LOYAL-MS-AA-N-NC	N	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	93,581	91,673	98.0	52	201,390	120,074	59.6	122
0199999.	Total Policy Experience on Individual Policies									3,516,648	2,549,624	72.5	1,150	1,228,764	909,442	74.0	594

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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.....	L-6202-ND.....	J.....	.....NO.....	....34000.....	.10/21/2008	0.....	0.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,036	15,470	.....90.8	5	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-F-ND	F.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	9,483	6,243	.....65.8	4	41,508	25,916	.....62.4	18
.....YES.....	LOYAL-MS-AA-G-ND	G.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	5,609	17,972	.....320.4	3
0199999.	Total Policy Experience on Individual Policies.....									26,519	21,713	.....81.9	9	47,117	43,888	.....93.1	21

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5232-NE	C	NO	34000	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,837	24,184	500.0	1			0.0	
YES	L-5234-NE	F	NO	34000	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	141,722	106,728	75.3	40			0.0	
YES	L-5235-NE	G	NO	34000	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,947	4,373	73.5	2			0.0	
YES	L-6200-NE	H	NO	34000	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,684	764	11.4	2			0.0	
YES	L-6201-NE	I	NO	34000	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,275	1,692	51.7	1			0.0	
YES	L-6202-NE	J	NO	34000	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	761,219	670,815	88.1	238			0.0	
YES	LOYAL-MS-AA-C-NE	C	NO	34000	.06/01/2010	0	0	.11/01/2016	Modernized Medicare Supplement Insurance Plan	1,537		0.0				0.0	
YES	LOYAL-MS-AA-F-NE	F	NO	34000	.06/01/2010	0	0	.11/01/2016	Modernized Medicare Supplement Insurance Plan	845,683	691,039	81.7	318	402,632	362,386	90.0	184
YES	LOYAL-MS-AA-G-NE	G	NO	34000	.06/01/2010	0	0	.11/01/2016	Modernized Medicare Supplement Insurance Plan	56,367	62,885	111.6	24	54,266	37,276	68.7	29
YES	LOYAL-MS-AA-N-NE	N	NO	34000	.06/01/2010	0	0	.11/01/2016	Modernized Medicare Supplement Insurance Plan	7,064	179	2.5	4	13,614	5,225	38.4	7
0199999.	Total Policy Experience on Individual Policies									1,834,335	1,562,659	85.2	630	470,512	404,887	86.1	220

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 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 866-459-4272

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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.....	LOYAL-MS-IA-F-NH.	F.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	12,862	12,262	.....95.3	3
.....YES.....	LOYAL-MS-IA-G-NH.	G.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	13,743	6,836	.....49.7	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	26,605	19,098	.....71.8	7

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-AA-A-NJ	A	NO	34000	05/16/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MS-AA-C-NJ	C	NO	34060	05/16/2013	0	0		Modernized Medicare Supplement Insurance Plan	6,098	20,155	330.5	2	137,935	169,835	123.1	65
YES	LOYAL-MS-AA-F-NJ	F	NO	34000	05/16/2013	0	0		Modernized Medicare Supplement Insurance Plan	358,278	350,967	98.0	158	3,078,359	2,241,106	72.8	1,598
YES	LOYAL-MS-AA-G-NJ	G	NO	34000	05/16/2013	0	0		Modernized Medicare Supplement Insurance Plan	362,743	303,849	83.8	176	2,856,680	1,949,127	68.2	1,849
YES	LOYAL-MS-AA-N-NJ	N	NO	34000	05/16/2013	0	0		Modernized Medicare Supplement Insurance Plan	56,763	62,124	109.4	34	738,459	512,354	69.4	564
YES	LOYAL-MSD-AA-C-NJ	C	NO	204060	07/12/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		36,979	46,861	126.7	20
YES	LOYAL-MSD-AA-F-NJ	F	NO	204000	07/12/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		548,229	372,225	67.9	284
YES	LOYAL-MSD-AA-G-NJ	G	NO	204000	07/12/2013	0	0		Modernized Medicare Supplement Insurance Plan	541	5,026	929.0		562,128	388,355	69.1	378
YES	LOYAL-MSD-AA-N-NJ	N	NO	204000	07/12/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		218,384	129,918	59.5	161
0199999.	Total Policy Experience on Individual Policies									784,423	742,121	94.6	370	8,177,153	5,809,781	71.0	4,919

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 866-459-4272

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6200-NM	H	NO	34000	10/07/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,519	(7)	(0.3)	1			0.0	
YES	L-6201-NM	I	NO	34000	10/07/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,945	7,074	50.7	6			0.0	
YES	L-6202-NM	J	NO	34000	10/07/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	371,435	353,717	95.2	130			0.0	
YES	LOYAL-MS-AA-F-NM	F	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	45,460	32,781	72.1	19	171,635	151,364	88.2	78
YES	LOYAL-MS-AA-G-NM	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	18,159	7,845	43.2	9	24,275	7,023	28.9	12
YES	LOYAL-MS-AA-N-NM	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	3,550	251	7.1	2	9,326	3,363	36.1	6
0199999.	Total Policy Experience on Individual Policies									455,068	401,661	88.3	167	205,236	161,750	78.8	96

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5230-OH	A	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,554	17,031	666.8	1			0.0	
YES	L-5231-OH	B	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,048	3,715	41.1	3			0.0	
YES	L-5232-OH	C	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	69,045	67,447	97.7	18			0.0	
YES	L-5233-OH	D	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	46,591	34,908	74.9	15			0.0	
YES	L-5234-OH	F	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	255,777	180,898	70.7	73			0.0	
YES	L-5235-OH	G	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,582	23,485	56.5	12			0.0	
YES	L-6200-OH	H	NO	34060	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,228	4,079	36.3	3			0.0	
YES	L-6201-OH	I	NO	34060	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,409	8,454	34.6	6			0.0	
YES	L-6202-OH	J	NO	34060	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	972,243	498,107	51.2	259			0.0	
YES	LOYAL-MS-AA-A-OH	A	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan			0.0		2,192	101	4.6	1
YES	LOYAL-MS-AA-C-OH	C	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	201,225	167,934	83.5	70	22,848	37,136	162.5	9
YES	LOYAL-MS-AA-D-OH	D	NO	34000	07/12/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	33,264	36,804	110.6	13	8,945	3,523	39.4	4
YES	LOYAL-MS-AA-F-OH	F	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	738,372	511,685	69.3	233	1,049,411	774,898	73.8	394
YES	LOYAL-MS-AA-G-OH	G	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	211,207	153,677	72.8	77	269,671	200,076	74.2	117
YES	LOYAL-MS-AA-N-OH	N	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	125,698	74,723	59.4	54	281,501	185,399	65.9	151
0199999.	Total Policy Experience on Individual Policies									2,742,243	1,782,947	65.0	837	1,634,568	1,201,133	73.5	676

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5233-OK	D	NO	34000	08/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,647	469	17.7	1			0.0	
YES	L-5234-OK	F	NO	34000	08/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	230,678	181,236	78.6	63			0.0	
YES	L-5235-OK	G	NO	34000	08/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	38,978	18,498	47.5	11			0.0	
YES	L-6200-OK	H	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,971	2,970	16.5	6			0.0	
YES	L-6201-OK	I	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,524	5,157	26.4	5			0.0	
YES	L-6202-OK	J	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	824,984	461,231	55.9	243			0.0	
YES	LOYAL-MS-AA-A-OK	A	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	5,268	891	16.9	2	15,740	13,053	82.9	6
YES	LOYAL-MS-AA-D-OK	D	NO	34000	06/22/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	2,907	135	4.6	1			0.0	
YES	LOYAL-MS-AA-F-OK	F	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	448,493	322,294	71.9	161	73,687	46,360	62.9	33
YES	LOYAL-MS-AA-G-OK	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	43,171	24,645	57.1	18	20,022	9,106	45.5	10
YES	LOYAL-MS-AA-N-OK	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	53,099	88,212	166.1	24	16,813	3,090	18.4	11
0199999.	Total Policy Experience on Individual Policies									1,687,720	1,105,738	65.5	535	126,262	71,609	56.7	60

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5230-OR	A	NO	34060	09/08/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,912	189	9.9	1			0.0	
YES	L-5234-OR	F	NO	34060	09/08/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	46,507	36,475	78.4	15			0.0	
YES	L-5235-OR	G	NO	34060	09/08/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,650	12,328	161.2	3			0.0	
YES	L-6200-OR	H	NO	34060	10/13/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,496	2,157	86.4	1			0.0	
YES	L-6201-OR	I	NO	34060	10/13/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,872	5,548	80.7	2			0.0	
YES	L-6202-OR	J	NO	34060	10/13/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	620,922	323,288	52.1	195			0.0	
YES	LOYAL-MS-AA-B-OR	B	NO	34060	06/10/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MS-AA-C-OR	C	NO	34060	06/10/2010	0	0		Modernized Medicare Supplement Insurance Plan	49,148	54,587	111.1	19	23,881	19,726	82.6	11
YES	LOYAL-MS-AA-D-OR	D	NO	34060	06/10/2010	0	0		Modernized Medicare Supplement Insurance Plan	9,594	5,157	53.8	4	16,188	11,414	70.5	8
YES	LOYAL-MS-AA-F-OR	F	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	1,116,923	895,900	80.2	445	1,225,547	970,028	79.2	617
YES	LOYAL-MS-AA-G-OR	G	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	90,184	68,525	76.0	40	396,769	321,896	81.1	275
YES	LOYAL-MS-AA-N-OR	N	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	132,973	116,402	87.5	76	272,957	227,985	83.5	186
0199999.	Total Policy Experience on Individual Policies									2,085,181	1,520,556	72.9	801	1,935,342	1,551,049	80.1	1,097

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 6 3 6 0 3 9 1 0 0 *

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5230-PA	A	NO	34060	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,783	855	22.6	1			0.0	
YES	L-5232-PA	C	NO	34060	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,958	21,338	152.9	4			0.0	
YES	L-5233-PA	D	NO	34060	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	48,540	49,387	101.7	15			0.0	
YES	L-5234-PA	F	NO	34060	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	163,909	117,638	71.8	52			0.0	
YES	L-5235-PA	G	NO	34060	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,769	14,088	59.3	8			0.0	
YES	LOYAL-MS-AA-C-PA	C	NO	34060	06/10/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	7,198	20,641	286.8	2	2,758	1,582	57.4	1
YES	LOYAL-MS-AA-D-PA	D	NO	34060	06/10/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	4,520	4,023	89.0	2	4,341	3,913	90.1	2
YES	LOYAL-MS-AA-F-PA	F	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	201,343	118,914	59.1	70	1,722,181	943,513	54.8	567
YES	LOYAL-MS-AA-G-PA	G	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	40,505	29,422	72.6	17	451,403	294,272	65.2	156
YES	LOYAL-MS-AA-N-PA	N	NO	34060	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	32,264	14,046	43.5	16	728,920	400,136	54.9	336
0199999.	Total Policy Experience on Individual Policies									539,789	390,352	72.3	187	2,909,603	1,643,416	56.5	1,062

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 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 866-459-4272

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5234-SC	F	NO	34000	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	235,870	187,301	79.4	80			0.0	
YES	L-5235-SC	G	NO	34000	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	50,931	40,376	79.3	20			0.0	
YES	L-6200-SC	H	NO	34000	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	39,918	22,075	55.3	14			0.0	
YES	L-6201-SC	I	NO	34000	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	77,414	55,029	71.1	26			0.0	
YES	L-6202-SC	J	NO	34000	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,962,130	1,230,758	62.7	592			0.0	
YES	LOYAL-MS-AA-C-SC	C	NO	34000	08/25/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	2,863	505	17.6	1	7,448	3,524	47.3	4
YES	LOYAL-MS-AA-D-SC	D	NO	34000	08/25/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	14,109	9,929	70.4	6	7,307	4,589	62.8	4
YES	LOYAL-MS-AA-F-SC	F	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	1,451,549	1,117,269	77.0	553	1,677,828	1,411,660	84.1	730
YES	LOYAL-MS-AA-G-SC	G	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	375,308	292,160	77.8	162	382,431	234,261	61.3	180
YES	LOYAL-MS-AA-N-SC	N	NO	34000	06/01/2010	0	0	09/30/2016	Modernized Medicare Supplement Insurance Plan	99,144	93,341	94.1	56	236,308	129,144	54.7	136
0199999.	Total Policy Experience on Individual Policies									4,309,236	3,048,743	70.7	1,510	2,311,322	1,783,178	77.1	1,054

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 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 866-459-4272

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6202-SD	J	NO	34060	08/01/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	533,345	339,496	63.7	173			0.0	
YES	LOYAL-MS-AA-A-SD	A	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	2,019	1,487	73.7	1			0.0	
YES	LOYAL-MS-AA-F-SD	F	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	293,029	259,037	88.4	119	105,817	69,405	65.6	51
YES	LOYAL-MS-AA-G-SD	G	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	8,507	3,111	36.6	4	8,573	4,890	57.0	5
YES	LOYAL-MS-AA-N-SD	N	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan			0.0		3,765	6,274	166.6	2
0199999.	Total Policy Experience on Individual Policies									836,900	603,131	72.1	297	118,155	80,569	68.2	58

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5232-TN	C	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,427	2,822	82.3	1			0.0	
YES	L-5233-TN	D	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,450	21,998	341.1	1			0.0	
YES	L-5234-TN	F	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	149,630	86,329	57.7	43			0.0	
YES	L-5235-TN	G	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	30,282	21,879	72.3	9			0.0	
YES	LOYAL-MS-AA-B-TN	B	NO	34060	07/30/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	5,988	7,350	122.7	1	11,442	4,569	39.9	6
YES	LOYAL-MS-AA-C-TN	C	NO	34060	07/30/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	3,201	4,770	149.0	1	9,079	6,078	66.9	4
YES	LOYAL-MS-AA-D-TN	D	NO	34060	07/30/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	26,199	55,686	212.6	5	23,660	1,858	7.9	11
YES	LOYAL-MS-AA-F-TN	F	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	715,175	611,002	85.4	282	6,000,951	4,047,241	67.4	2,489
YES	LOYAL-MS-AA-G-TN	G	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	118,985	105,869	89.0	54	733,167	465,055	63.4	352
YES	LOYAL-MS-AA-N-TN	N	NO	34060	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	31,906	39,400	123.5	17	900,282	620,584	68.9	565
0199999.	Total Policy Experience on Individual Policies									1,091,243	957,105	87.7	414	7,678,581	5,145,385	67.0	3,427

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 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 866-459-4272

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5230-TX	A	NO	34060	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,943	20,798	99.3	5			0.0	
YES	L-5231-TX	B	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,762	2,530	53.1	1			0.0	
YES	L-5232-TX	C	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,229	4,561	40.6	3			0.0	
YES	L-5233-TX	D	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,068	4,196	24.6	5			0.0	
YES	L-5234-TX	F	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,789,739	1,365,370	76.3	504			0.0	
YES	L-5235-TX	G	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	255,845	174,887	68.4	73			0.0	
YES	L-5330-TX	B	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,984	313	15.8	1			0.0	
YES	L-5332-TX	D	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,483	624	25.1	1			0.0	
YES	L-5333-TX	F	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,638	10,163	74.5	4			0.0	
YES	L-5334-TX	G	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	48,513	23,586	48.6	17			0.0	
YES	L-6200-TX	H	NO	34000	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	774,577	684,023	88.3	248			0.0	
YES	L-6201-TX	I	NO	34000	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,183,545	886,662	74.9	398			0.0	
YES	L-6202-TX	J	NO	34000	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,650,412	4,299,667	64.7	1,757			0.0	
YES	LOYAL-MS-AA-A-TX	A	NO	34060	06/01/2010	0	0		Modernized Medicare Supplement Insurance Plan	124,754	182,986	146.7	29	111,799	73,585	65.8	24
YES	LOYAL-MS-AA-B-TX	B	NO	34000	08/05/2010	0	0		Modernized Medicare Supplement Insurance Plan	4,658	2,527	54.3	2			0.0	
YES	LOYAL-MS-AA-C-TX	C	NO	34000	08/05/2010	0	0		Modernized Medicare Supplement Insurance Plan	9,681	11,443	118.2	3	2,270	426	18.8	1

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
.....YES.....	LOYAL-MS-AA-D-TX	D.....	.....NO.....	....34000.....	.08/05/2010	0.....	0.....	.....	Modernized Medicare Supplement Insurance Plan	33,116	40,009	.....120.8	13	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-F-TX.	F.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.....	Modernized Medicare Supplement Insurance Plan	3,937,265	3,266,644	.....83.0	1,356	605,842	467,707	.....77.2	240
.....YES.....	LOYAL-MS-AA-G-TX	G.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.....	Modernized Medicare Supplement Insurance Plan	996,413	868,997	.....87.2	414	415,566	332,546	.....80.0	206
.....YES.....	LOYAL-MS-AA-N-TX	N.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.....	Modernized Medicare Supplement Insurance Plan	309,813	217,749	.....70.3	163	677,733	589,063	.....86.9	393
0199999.	Total Policy Experience on Individual Policies.....									16,190,438	12,067,735	.....74.5	4,997	1,813,210	1,463,327	.....80.7	864

360.1

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6200-UT	H	NO	34000	.10/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,718	209	7.7	1			0.0	
YES	L-6202-UT	J	NO	34000	.10/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	255,559	169,693	66.4	83			0.0	
YES	LOYAL-MS-AA-F-UT	F	NO	34000	.06/01/2010	0	0	.01/02/2017	Modernized Medicare Supplement Insurance Plan	163,009	115,317	70.7	65	103,774	55,583	53.6	44
YES	LOYAL-MS-AA-G-UT	G	NO	34000	.06/01/2010	0	0	.01/02/2017	Modernized Medicare Supplement Insurance Plan	20,958	8,465	40.4	10	30,556	42,429	138.9	16
YES	LOYAL-MS-AA-N-UT	N	NO	34000	.06/01/2010	0	0	.01/02/2017	Modernized Medicare Supplement Insurance Plan	8,141	912	11.2	5	145,116	94,013	64.8	87
0199999.	Total Policy Experience on Individual Policies									450,385	294,596	65.4	164	279,446	192,025	68.7	147

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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.....	LOYAL-MS-AA-F-VA	F.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	165,459	157,421	.....95.1	67	475,755	370,390	.....77.9	217
.....YES.....	LOYAL-MS-AA-G-VA	G.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	75,693	56,012	.....74.0	32	127,144	79,017	.....62.1	65
.....YES.....	LOYAL-MS-AA-N-VA	N.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	4,825	5,865	.....121.6	2	15,773	17,915	.....113.6	11
0199999.	Total Policy Experience on Individual Policies.....									245,977	219,298	.....89.2	101	618,672	467,322	.....75.5	293

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

NONE

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

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6572220163604610 0 *

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-CR-F-VT	F	NO	34060	.06/18/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		160,968	118,067	73.3	84
YES	LOYAL-MS-CR-G-VT	G	NO	34060	.06/18/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		163,485	134,627	82.3	99
YES	LOYAL-MS-CR-N-VT	N	NO	34060	.06/18/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		78,488	41,916	53.4	61
YES	LOYAL-MSD-CR-F-VT	F	NO	204060	.07/25/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		20,403	8,627	42.3	10
YES	LOYAL-MSD-CR-G-V	G	NO	204060	.07/25/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		22,957	14,389	62.7	14
YES	LOYAL-MSD-CR-N-V	N	NO	204060	.07/25/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		22,461	2,287	10.2	15
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	468,762	319,913	68.2	283

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	LOYAL-MS-CR-A-WA	A	NO	34000	.06/20/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MS-CR-F-WA	F	NO	34000	.06/20/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		92,010	84,170	91.5	55
YES	LOYAL-MS-CR-G-WA	G	NO	34000	.06/20/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		189,243	152,480	80.6	452
YES	LOYAL-MS-CR-N-WA	N	NO	34000	.06/20/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		108,283	59,623	55.1	226
YES	LOYAL-MSD-CR-F-W	F	NO	204000	.08/21/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		107,609	94,829	88.1	58
YES	LOYAL-MSD-CR-G-W	G	NO	204000	.08/21/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		176,231	154,540	87.7	215
YES	LOYAL-MSD-CR-N-W	N	NO	204000	.08/21/2013	0	0		Modernized Medicare Supplement Insurance Plan			0.0		87,785	56,536	64.4	96
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	761,161	602,178	79.1	1,102

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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.....	L-5220-WI.....	O.....	.....NO.....	....34060.....	.04/23/2004	0.....	0.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	130,851	47,057	.....36.0	27	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	.09/30/2016	Modernized Medicare Supplement Insurance Plan	225,657	223,028	.....98.8	84	53,343	38,279	.....71.8	20
0199999.	Total Policy Experience on Individual Policies.....									356,508	270,085	.....75.8	111	53,343	38,279	.....71.8	20

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 6 3 6 0 4 9 1 0 0 *

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-5232-WV	C	NO	34000	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,269	848	25.9	1			0.0	
YES	L-5234-WV	F	NO	34000	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,487	24,808	105.6	7			0.0	
YES	L-5235-WV	G	NO	34000	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,067	157	5.1	1			0.0	
YES	L-6202-WV	J	NO	34060	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	173,165	82,570	47.7	52			0.0	
YES	LOYAL-MS-AA-C-WV	C	NO	34000	06/23/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan		31	0.0				0.0	
YES	LOYAL-MS-AA-D-WV	D	NO	34000	06/23/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	2,189	594	27.1	1			0.0	
YES	LOYAL-MS-AA-F-WV	F	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	39,711	37,443	94.3	15	247,619	200,134	80.8	102
YES	LOYAL-MS-AA-G-WV	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		37,054	16,836	45.4	17
YES	LOYAL-MS-AA-N-WV	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	7,696	8,160	106.0	4	89,060	73,498	82.5	49
0199999.	Total Policy Experience on Individual Policies									252,584	154,611	61.2	81	373,733	290,468	77.7	168

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 866-459-4272

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

Supplement for the year 2016 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....866.459.4272 ext. 1521

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	L-6202-WY	J	NO	34060	08/27/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	118,802	77,671	65.4	39			0.0	
YES	LOYAL-MS-AA-F-WY	F	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	56,095	46,029	82.1	22	48,211	30,923	64.1	20
YES	LOYAL-MS-AA-G-WY	G	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan			0.0		15,392	11,011	71.5	8
YES	LOYAL-MS-AA-N-WY	N	NO	34000	06/01/2010	0	0	11/01/2016	Modernized Medicare Supplement Insurance Plan	7,888	2,727	34.6	5	28,638	25,437	88.8	18
0199999.	Total Policy Experience on Individual Policies									182,785	126,427	69.2	66	92,241	67,371	73.0	46

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 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 866-459-4272
4. Explain any policies identified as policy type "O".

SCHEDULE O SUPPLEMENT

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

Of The.....Loyal American Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....65722 Employer's ID Number.....63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1	2	3	4	5
	2012	2013	2014	2015	2016 (a)
1. Prior	526	526	579	598	642
2. 2012	34	1,280	1,281	1,341	1,341
3. 2013	XXX	2,406	3,158	3,174	3,175
4. 2014	XXX	XXX	7,226	7,633	7,694
5. 2015	XXX	XXX	XXX	1,584	1,779
6. 2016	XXX	XXX	XXX	XXX	1,016

Section B - Other Accident and Health

1. Prior	189,613	194,846	201,379	208,252	213,517
2. 2012	35,644	81,100	82,511	83,115	83,598
3. 2013	XXX	145,910	166,098	167,394	168,138
4. 2014	XXX	XXX	121,870	140,719	142,311
5. 2015	XXX	XXX	XXX	153,878	175,666
6. 2016	XXX	XXX	XXX	XXX	155,202

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	

NONE

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

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	

NONE

Section B - Other Accident and Health

1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	606	
6. 2016	XXX	XXX	XXX	XXX	632

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	

NONE

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	2	3	4	5
	2012	2013	2014	2015	2016
1. 2012	1,929	1,379	1,281	XXX	XXX
2. 2013	XXX	3,229	3,233	3,175	XXX
3. 2014	XXX	XXX	7,993	7,662	7,724
4. 2015	XXX	XXX	XXX	2,190	1,835
5. 2016	XXX	XXX	XXX	XXX	1,586

Section B - Other Accident and Health

1. 2012	118,168	108,653	82,909	XXX	XXX
2. 2013	XXX	165,982	170,250	168,097	XXX
3. 2014	XXX	XXX	146,628	142,064	143,446
4. 2015	XXX	XXX	XXX	182,934	177,856
5. 2016	XXX	XXX	XXX	XXX	184,510

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

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	1,929	1,379	1,281		
2. 2013	XXX	3,229	3,233	3,175	
3. 2014	XXX	XXX	7,993	7,662	7,724
4. 2015	XXX	XXX	XXX	2,190	1,835
5. 2016	XXX	XXX	XXX	XXX	1,586

Section B - Other Accident and Health

1. 2012	118,168	108,653	82,909		
2. 2013	XXX	165,982	170,250	168,097	
3. 2014	XXX	XXX	146,628	142,064	143,446
4. 2015	XXX	XXX	XXX	183,540	177,856
5. 2016	XXX	XXX	XXX	XXX	185,069

Section C - Credit Accident and Health

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

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life	None	
2. Ordinary life	Standard Factor	124
3. Individual annuity	None	
4. Supplementary contracts	None	
5. Credit life	None	
6. Group life	None	
7. Group annuities	None	
8. Group accident and health	Development	674
9. Credit accident and health	None	
10. Other accident and health	Development	44,270
11. Total		45,068

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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