



For the Year Ended DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE
Optum Insurance of Ohio, Inc

NAIC Group Code	0707 (Current Period)	0707 (Prior Period)	NAIC Company Code	69647	Employer's ID Number	31-0628424
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Incorporated/Organized	10/19/1948		Commenced Business	12/05/1978		
Statutory Home Office	50 W. Broad Street, Suite 1800 (Street and Number)		Columbus , OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1600 McConnor Parkway (Street and Number)			
	Schaumburg, IL, US 60173-6801 (City or Town, State, Country and Zip Code)		(800)282-3232 (Area Code) (Telephone Number)			
Mail Address	1600 McConnor Parkway (Street and Number or P.O. Box)		Schaumburg, IL, US 60173-6801 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1600 McConnor Parkway (Street and Number)			
	Schaumburg, IL, US 60173-6801 (City or Town, State, Country and Zip Code)		(800)282-3232 (Area Code) (Telephone Number)			
Internet Website Address	www.catamaranrx.com					
Statutory Statement Contact	Lidia Gantoi (Name)		(224)231-1758 (Area Code)(Telephone Number)(Extension)			
	Lidia.Gantoi@optum.com (E-Mail Address)					
			(Fax Number)			

OFFICERS

Name	Title
Mark Alan Thierer	Chariman & Chief Executive Officer
Timothy Alan Wicks	President
Jeffrey David Grosklags	Chief Financial Officer
Robert Worth Obberrender	Treasurer

OTHERS

#

DIRECTORS OR TRUSTEES

Mark Alan Thierer	Timothy Alan Wicks
Jeffrey David Grosklags	Vacant
Vacant	

State of Illinois
County of Cook ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)
Mark Alan Thierer	Jeffrey David Grosklags	Vacant
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman & Chief Executive Officer	Chief Financial Officer	Vacant
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2017	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	
(Notary Public Signature)		



DIRECT BUSINESS IN THE STATE OF ALABAMA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	4,520				4,520					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	4,520				4,520					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	4,070				4,070					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	4,070				4,070					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	16	414,919	(a).						16	414,919
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(6,704)							(1)	(6,704)
23.	In force December 31 of current year	15	408,215	(a).						15	408,215

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ALASKA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.P & Grd Certi	NONE		Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies						
20.	In force December 31, prior year			(a).							
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year			(a).							

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ARIZONA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	29,431				29,431
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	29,431				29,431
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	78,278				78,278
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	78,278				78,278

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	19	1,675,821	(a).						19	1,675,821
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(72,447)							(2)	(72,447)
23.	In force December 31 of current year	17	1,603,374	(a).						17	1,603,374

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ARKANSAS

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	2,542				2,542					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	2,542				2,542					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	5	256,639	(a).						5	256,639
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(14,124)							(1)	(14,124)
23.	In force December 31 of current year	4	242,515	(a).						4	242,515

(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)					
24.1	Federal Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF CALIFORNIA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	121,672				121,672
2.	Annuity considerations	593				593
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	122,266				122,266
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	292,810				292,810
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	55,907				55,907
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	348,717				348,717

DETAILS OF WRITE-INS

1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	203	20,006,214	(a).						203	20,006,214
21.	Issued during year										
22.	Other changes to in force (Net)	(13)	(1,515,710)							(13)	(1,515,710)
23.	In force December 31 of current year	190	18,490,504	(a).						190	18,490,504

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF COLORADO
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	5,166				5,166
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	5,166				5,166
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	3,773				3,773
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	3,773				3,773
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					
					</	

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF CONNECTICUT
NAIC Group Code: 0707

LIFE INSURANCE
NAIC Company Code: 69647

DURING THE YEAR 2016

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	5,410				5,410
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	5,410				5,410
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	73,279				73,279
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	73,279				73,279

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	5	550,000	(a)						5	550,000
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(250,000)							(1)	(250,000)
23.	In force December 31 of current year	4	300,000	(a)						4	300,000

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF DELAWARE
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	150				150
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	150				150
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	18,201				18,201
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	18,201				18,201
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					
					</	

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

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

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

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

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF FLORIDA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	44,960				44,960					
2.	Annuity considerations	1,480				1,480					
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	46,440				46,440					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits	172,000				172,000					
10.	Matured endowments										
11.	Annuity benefits	3,142				3,142					
12.	Surrender values and withdrawals for life contracts	91,149				91,149					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	266,291				266,291					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	65	3,837,815	(a).						65	3,837,815
21.	Issued during year										
22.	Other changes to in force (Net)	(3)	(141,267)							(3)	(141,267)
23.	In force December 31 of current year	62	3,696,549	(a).						62	3,696,549

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF **GEORGIA**
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	9,992				9,992
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	9,992				9,992
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	689				689
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	689				689
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF HAWAII

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	2,330				2,330
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	2,330				2,330
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	3,037				3,037
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	3,037				3,037
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF IDAHO

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	1,071				1,071					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	1,071				1,071					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	27,680				27,680					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	27,680				27,680					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	5	637,125	(a).						5	637,125
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	5	637,125	(a).						5	637,125

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ILLINOIS

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	11,957				11,957
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	11,957				11,957
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	49,785				49,785
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	131,565				131,565
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	181,350				181,350

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	27	1,308,287	(a).						27	1,308,287
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(404,939)							(2)	(404,939)
23.	In force December 31 of current year	25	903,348	(a).						25	903,348

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF INDIANA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	14,083				14,083
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	14,083				14,083
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	29,288				29,288
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	237,874				237,874
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	267,162				267,162

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	41	1,692,882	(a)						41	1,692,882
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(21,216)							(2)	(21,216)
23.	In force December 31 of current year	39	1,671,666	(a)						39	1,671,666

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF IOWA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	4,621				4,621					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	4,621				4,621					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	7	267,721	(a).....						7	267,721
21.	Issued during year										
22.	Other changes to in force (Net)		469								469
23.	In force December 31 of current year	7	268,191	(a).....						7	268,191

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF KANSAS

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	3,429				3,429					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	3,429				3,429					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	10	200,676	(a).....						10	200,676
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	10	200,676	(a).....						10	200,676

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

ACCIDENT AND HEALTH INSURANCE

		1 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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF KENTUCKY

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	43,941				43,941
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	43,941				43,941
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	64,984				64,984
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	28,984				28,984
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	93,968				93,968

DETAILS OF WRITE-INS

1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	167	4,006,182	(a).						167	4,006,182
21.	Issued during year										
22.	Other changes to in force (Net)	(10)	(165,691)							(10)	(165,691)
23.	In force December 31 of current year	157	3,840,491	(a).						157	3,840,491

(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)	363	363			
24.1	Federal Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	363	363			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF LOUISIANA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	13,296				13,296
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	13,296				13,296
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	6,438				6,438
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	438				438
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	6,876				6,876
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MAINE

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	1	19,505	(a).						1	19,505
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	1	19,505	(a).						1	19,505

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

ACCIDENT AND HEALTH INSURANCE

		1		2		3		4		5	
		Direct Premiums		Direct Premiums Earned		Dividends Paid Or Credited On Direct Business		Direct Losses Paid		Direct Losses Incurred	
24.	Group Policies (b)										
24.1	Federal Employees 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)										
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)										

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MARYLAND

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	1,600								1,600	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	1,600								1,600	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	5	178,974	(a).....						5	178,974
21.	Issued during year										
22.	Other changes to in force (Net)		367								367
23.	In force December 31 of current year	5	179,341	(a).....						5	179,341

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	520								520	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	520								520	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
								</			

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MICHIGAN

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	19,634								19,634	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	19,634								19,634	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits	10,820								10,820	
10.	Matured endowments										
11.	Annuity benefits	1,275								1,275	
12.	Surrender values and withdrawals for life contracts	35,624								35,624	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	47,718								47,718	
DETAILS OF WRITE-INS											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
Settled during current year:											
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	47	2,519,390	(a)						47	2,519,390
21.	Issued during year										
22.	Other changes to in force (Net)	(3)	(62,757)							(3)	(62,757)
23.	In force December 31 of current year	44	2,456,633	(a)						44	2,456,633

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MINNESOTA
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	1,717				1,717
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	1,717				1,717
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	245,052				245,052
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	245,052				245,052
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	4,907				4,907
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	4,907				4,907
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	348				348
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	348				348
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MISSOURI

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	1,697				1,697
2.	Annuity considerations	6,500				6,500
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	8,197				8,197
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	2,490				2,490
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	2,490				2,490
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MONTANA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	264				264					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	264				264					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year				(a).....						
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year				(a).....						

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEBRASKA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	1,419								1,419	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	1,419								1,419	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	5	255,100	(a).						5	255,100
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	5	255,100	(a).						5	255,100

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEVADA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	5,851				5,851					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	5,851				5,851					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits	13,200				13,200					
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	9,607				9,607					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	22,807				22,807					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	14	776,699	(a).						14	776,699
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(122,683)							(2)	(122,683)
23.	In force December 31 of current year	12	654,016	(a).						12	654,016

(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)					
24.1	Federal Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	524				524
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	524				524
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW JERSEY

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	208				208					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	208				208					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits	3,194				3,194					
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	3,194				3,194					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	2	240,250	(a).						2	240,250
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	2	240,250	(a).						2	240,250

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

ACCIDENT AND HEALTH INSURANCE

		1 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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW MEXICO

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	1,876								1,876	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	1,876								1,876	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	8	324,250	(a).						8	324,250
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	8	324,250	(a).						8	324,250

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

ACCIDENT AND HEALTH INSURANCE

		1 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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW YORK
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	953				953
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	953				953
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	15,800				15,800
2.	Annuity considerations	9,000				9,000
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	24,800				24,800
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	150,000				150,000
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	4,800				4,800
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	154,800				154,800

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	25	1,892,446	(a).						25	1,892,446
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(160,059)							(2)	(160,059)
23.	In force December 31 of current year	23	1,732,388	(a).						23	1,732,388

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	600								600	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	600								600	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	2	41,008	(a).....						2	41,008
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	2	41,008	(a).....						2	41,008

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

ACCIDENT AND HEALTH INSURANCE

		1		2		3		4		5	
		Direct Premiums		Direct Premiums Earned		Dividends Paid Or Credited On Direct Business		Direct Losses Paid		Direct Losses Incurred	
24.	Group Policies (b)										
24.1	Federal Employees 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)										
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)										

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OHIO

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	295,462				295,462					
2.	Annuity considerations	34,496				34,496					
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	329,958				329,958					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits	249,156				249,156					
10.	Matured endowments										
11.	Annuity benefits	3,557				3,557					
12.	Surrender values and withdrawals for life contracts	278,414				278,414					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	531,127				531,127					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	1,037	31,759,896	(a).....						1,037	31,759,896
21.	Issued during year										
22.	Other changes to in force (Net)	(73)	(2,672,243)							(73)	(2,672,243)
23.	In force December 31 of current year	964	29,087,653	(a).....						964	29,087,653

(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)	746	746			
24.1	Federal Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	746	746			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OKLAHOMA
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	612				612
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	612				612
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	50,000				50,000
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	6,090				6,090
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	56,090				56,090
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OREGON

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	2,332								2,332	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	2,332								2,332	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	5	136,276	(a)						5	136,276
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	5	136,276	(a)						5	136,276

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	2,857				2,857
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	2,857				2,857
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	1,004				1,004
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	1,004				1,004
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.P & Grd Certi	NONE		Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies						
20.	In force December 31, prior year			(a).							
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year			(a).							

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	6,503				6,503
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	6,503				6,503
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	1,743				1,743
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	1,743				1,743
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	746				746					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	746				746					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	5	68,223	(a).....						5	68,223
21.	Issued during year										
22.	Other changes to in force (Net)		(2,000)								(2,000)
23.	In force December 31 of current year	5	66,223	(a).....						5	66,223

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF TENNESSEE

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	26,240				26,240					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	26,240				26,240					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	2,623				2,623					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	2,623				2,623					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	18	792,255	(a).....						18	792,255
21.	Issued during year										
22.	Other changes to in force (Net)	1	26,179							1	26,179
23.	In force December 31 of current year	19	818,435	(a).....						19	818,435

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF TEXAS

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1.	Life Insurance	24,932								24,932	
2.	Annuity considerations										
3.	Deposit-type contract funds			X X X				X X X			
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	24,932								24,932	
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	12,605								12,605	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	12,605								12,605	
DETAILS OF WRITE-INS											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
										</	

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF UTAH

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	720				720					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	720				720					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	1,152				1,152					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	1,152				1,152					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	4	256,386	(a).						4	256,386
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(110,000)							(1)	(110,000)
23.	In force December 31 of current year	3	146,386	(a).						3	146,386

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF VERMONT

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.P & Grd Certi	NONE		Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies						
20.	In force December 31, prior year			(a).....							
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year			(a).....							

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF VIRGINIA

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	26,219				26,219					
2.	Annuity considerations	208				208					
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	26,427				26,427					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits	1,159				1,159					
12.	Surrender values and withdrawals for life contracts	30,975				30,975					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	32,134				32,134					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	40	3,526,934	(a).						40	3,526,934
21.	Issued during year										
22.	Other changes to in force (Net)	(3)	(117,431)							(3)	(117,431)
23.	In force December 31 of current year	37	3,409,503	(a).						37	3,409,503

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WASHINGTON

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	2,186				2,186					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	2,186				2,186					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	94,424				94,424					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	94,424				94,424					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	7	488,523	(a)						7	488,523
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year	7	488,523	(a)						7	488,523

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA

DURING THE YEAR 2016

NAIC Group Code: 0707

LIFE INSURANCE

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	4,503				4,503					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	4,503				4,503					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	1,063				1,063					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	1,063				1,063					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	10	555,097	(a).						10	555,097
21.	Issued during year										
22.	Other changes to in force (Net)		60								60
23.	In force December 31 of current year	10	555,157	(a).						10	555,157

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WISCONSIN
NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance	3,506				3,506					
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	TOTALS (sum of Lines 1 to 4)	3,506				3,506					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	TOTALS (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	TOTALS (sum of Lines 7.1 to 7.3)										
8.	GRAND TOTALS (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts	30				30					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	TOTALS	30				30					
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	14	615,141	(a).						14	615,141
21.	Issued during year										
22.	Other changes to in force (Net)	(2)	(45,635)							(2)	(45,635)
23.	In force December 31 of current year	12	569,506	(a).						12	569,506

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WYOMING

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

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

DETAILS OF WRITE-INS

1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

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

(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 Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF U.S. VIRGIN ISLANDS

NAIC Group Code: 0707

LIFE INSURANCE

DURING THE YEAR 2016

NAIC Company Code: 69647

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

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

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

DURING THE YEAR 2016

NAIC Group Code: 0707

LIFE INSURANCE

NAIC Company Code: 69647

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance	773,039				773,039
2.	Annuity considerations	52,277				52,277
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	TOTALS (sum of Lines 1 to 4)	825,316				825,316
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	TOTALS (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	TOTALS (sum of Lines 7.1 to 7.3)					
8.	GRAND TOTALS (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	1,088,481				1,088,481
10.	Matured endowments					
11.	Annuity benefits	12,327				12,327
12.	Surrender values and withdrawals for life contracts	1,482,969				1,482,969
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	TOTALS	2,583,777				2,583,777

DETAILS OF WRITE-INS

1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)					

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	TOTALS Paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	TOTAL Settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	2,040	89,728,316	(a)						2,040	89,728,316
21.	Issued during year										
22.	Other changes to in force (Net)	(137)	(8,074,440)							(137)	(8,074,440)
23.	In force December 31 of current year	1,903	81,653,876	(a)						1,903	81,653,876

(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)	1,109	1,109			
24.1	Federal Employees 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)					
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,109	1,109			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE
INTEREST MAINTENANCE RESERVE

		1
		Amount
1.	Reserve as of December 31, Prior Year	122,351
2.	Current Year's Realized Pre-Tax capital gains/(losses) of \$.....0 Transferred into the Reserve Net of Taxes of \$.....0.	
3.	Adjustment for current year's liability gains/(losses) released from the reserve	
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	122,351
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	20,256
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	102,095

AMORTIZATION

		1	2	3	4
		Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Columns 1 + 2 + 3)
Year of Amortization					
1.	2016	20,256			20,256
2.	2017	16,373			16,373
3.	2018	14,512			14,512
4.	2019	13,327			13,327
5.	2020	12,703			12,703
6.	2021	10,019			10,019
7.	2022	8,182			8,182
8.	2023	6,311			6,311
9.	2024	4,817			4,817
10.	2025	3,946			3,946
11.	2026	2,799			2,799
12.	2027	1,890			1,890
13.	2028	1,666			1,666
14.	2029	1,457			1,457
15.	2030	1,229			1,229
16.	2031	1,001			1,001
17.	2032	794			794
18.	2033	587			587
19.	2034	362			362
20.	2035	121			121
21.	2036				
22.	2037				
23.	2038				
24.	2039				
25.	2040				
26.	2041				
27.	2042				
28.	2043				
29.	2044				
30.	2045				
31.	2046 and Later				
32.	TOTAL (Lines 1 to 31)	122,352			122,352

ASSET VALUATION RESERVE

		Default Component			Equity Component			7
		1	2	3	4	5	6	
		Other than Mortgage Loans	Mortgage Loans	Total (Columns 1 + 2)	Common Stock	Real Estate and Other Invested Assets	Total (Columns 4 + 5)	Total Amount (Columns 3 + 6)
1.	Reserve as of December 31, prior year	1,944		1,944	10,158		10,158	12,102
2.	Realized Capital Gains/(Losses) Net of Taxes - General Account							
3.	Realized Capital Gains/(Losses) Net of Taxes - Separate Accounts							
4.	Unrealized Capital Gains/(Losses) Net of Deferred Taxes - General Account							
5.	Unrealized Capital Gains/(Losses) Net of Deferred Taxes - Separate Accounts							
6.	Capital gains credited/(losses charged) to contract benefits, payments or reserves ..							
7.	Basic Contribution	240		240				240
8.	Accumulated Balances (Lines 1 through 5 minus 6 plus 7)	2,184		2,184	10,158		10,158	12,342
9.	Maximum Reserve	1,803		1,803				1,803
10.	Reserve Objective	1,382		1,382				1,382
11.	20% of (Line 10 - Line 8)	(160)		(160)	(2,032)		(2,032)	(2,192)
12.	Balance Before Transfers (Lines 8 + 11)	2,024		2,024	8,126		8,126	10,150
13.	Transfers							
14.	Voluntary Contribution							
15.	Adjustment down to Maximum/up to Zero	(221)		(221)	(8,126)		(8,126)	(8,347)
16.	Reserve as of December 31, Current Year (Lines 12 + 13 + 14 + 15)	1,803		1,803	0		0	1,803

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Columns 4 x 5)	Factor	Amount (Columns 4 x 7)	Factor	Amount (Columns 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	2,237,995	X X X	X X X	2,237,995	0.0000		0.0000		0.0000	
2.	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
3.	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
4.	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
5.	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
6.	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
7.	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
8.		TOTAL Unrated Multi-class Securities Acquired by Conversion		X X X	X X X		X X X		X X X		X X X	
9.		TOTAL Bonds (Sum of Lines 1 through 8)	2,237,995	X X X	X X X	2,237,995	X X X		X X X		X X X	
PREFERRED STOCKS												
10.	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
11.	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
12.	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
13.	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
14.	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
15.	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
17.		TOTAL Preferred Stocks (Sum of Lines 10 through 16)		X X X	X X X		X X X		X X X		X X X	
SHORT-TERM BONDS												
18.		Exempt Obligations	690,126	X X X	X X X	690,126	0.0000		0.0000		0.0000	
19.	1	Highest Quality	600,875	X X X	X X X	600,875	0.0004	240	0.0023	1,382	0.0030	1,803
20.	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
21.	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
22.	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
23.	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
24.	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
25.		TOTAL Short-term Bonds (Sum of Lines 18 through 24)	1,291,001	X X X	X X X	1,291,001	X X X	240	X X X	1,382	X X X	1,803
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		X X X	X X X		0.0004		0.0023		0.0030	
27.	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
28.	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
29.	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
30.	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
31.	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
32.	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
33.		TOTAL Derivative Instruments		X X X	X X X		X X X		X X X		X X X	
34.		TOTAL (Lines 9 + 17 + 25 + 33)	3,528,996	X X X	X X X	3,528,996	X X X	240	X X X	1,382	X X X	1,803

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 (Columns 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4 x 5)	7 Factor	8 Amount (Columns 4 x 7)	9 Factor	10 Amount (Columns 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CMI - highest quality			X X X		0.0010		0.0050		0.0065	
36.		Farm Mortgages - CM2 - high quality			X X X		0.0035		0.0100		0.0130	
37.		Farm Mortgages - CM3 - medium quality			X X X		0.0060		0.0175		0.0225	
38.		Farm Mortgages - CM4 - low medium quality			X X X		0.0105		0.0300		0.0375	
39.		Farm Mortgages - CM5 - low quality			X X X		0.0160		0.0425		0.0550	
40.		Residential Mortgages - Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
41.		Residential Mortgages - All Other			X X X		0.0013		0.0030		0.0040	
42.		Commercial Mortgages - Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
43.		Commercial Mortgages - All Other - CM1 - highest quality			X X X		0.0010		0.0050		0.0065	
44.		Commercial Mortgages - All Other - CM2 - high quality			X X X		0.0035		0.0100		0.0130	
45.		Commercial Mortgages - All Other - CM3 - medium quality			X X X		0.0060		0.0175		0.0225	
46.		Commercial Mortgages - All Other - CM4 - low medium quality			X X X		0.0105		0.0300		0.0375	
47.		Commercial Mortgages - All Other - CM5 - low quality			X X X		0.0160		0.0425		0.0550	
		Overdue, Not in Process:										
48.		Farm Mortgages			X X X		0.0420		0.0760		0.1200	
49.		Residential Mortgages - Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
50.		Residential Mortgages - All Other			X X X		0.0025		0.0058		0.0090	
51.		Commercial Mortgages - Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
52.		Commercial Mortgages - All Other			X X X		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
53.		Farm Mortgages			X X X		0.0000		0.1700		0.1700	
54.		Residential Mortgages - Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
55.		Residential Mortgages - All Other			X X X		0.0000		0.0130		0.0130	
56.		Commercial Mortgages - Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
57.		Commercial Mortgages - All Other			X X X		0.0000		0.1700		0.1700	
58.		TOTAL Schedule B Mortgages (Sum of Lines 35 through 57)			X X X		X X X		X X X		X X X	
59.		Schedule DA Mortgages			X X X		0.0030		0.0100		0.0130	
60.		TOTAL Mortgage Loans on Real Estate (Lines 58 + 59)			X X X		X X X		X X X		X X X	

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve		
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1 + 2 + 3)	5	6	7	8	9	10	
							Factor	Amount (Columns 4 x 5)	Factor	Amount (Columns 4 x 7)	Factor	Amount (Columns 4 x 9)	
COMMON STOCK													
1.		Unaffiliated Public		X X X	X X X		0.0000		(a)		(a)		
2.		Unaffiliated Private		X X X	X X X		0.0000		0.1600		0.1600		
3.		Federal Home Loan Bank		X X X	X X X		0.0000		0.0050		0.0080		
4.		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000		
Affiliated Investment Subsidiary:													
5.		Fixed Income Exempt Obligations					X X X		X X X		X X X		
6.		Fixed Income Highest Quality					X X X		X X X		X X X		
7.		Fixed Income High Quality					X X X		X X X		X X X		
8.		Fixed Income Medium Quality					X X X		X X X		X X X		
9.		Fixed Income Low Quality					X X X		X X X		X X X		
10.		Fixed Income Lower Quality					X X X		X X X		X X X		
11.		Fixed Income In or Near Default					X X X		X X X		X X X		
12.		Unaffiliated Common Stock Public					0.0000		(a)		(a)		
13.		Unaffiliated Common Stock Private					0.0000		0.1600		0.1600		
14.		Real Estate					(b)		(b)		(b)		
15.		Affiliated-Certain Other (See SVO Purposes and Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300		
16.		Affiliated-All Other		X X X	X X X		0.0000		0.1600		0.1600		
17.		TOTAL Common Stock (Sum of Lines 1 through 16)					X X X		X X X		X X X		
REAL ESTATE													
18.		Home Office Property (General Account Only)					0.0000		0.0750		0.0750		
19.		Investment Properties					0.0000		0.0750		0.0750		
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100		
21.		TOTAL Real Estate (Sum of Lines 18 through 20)					X X X		X X X		X X X		
OTHER INVESTED ASSETS													
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS													
22.		Exempt Obligations		X X X	X X X		0.0000		0.0000		0.0000		
23.	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030		
24.	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090		
25.	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340		
26.	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750		
27.	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700		
28.	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000		
29.		TOTAL with Bond characteristics (Sum of Lines 22 through 28)		X X X	X X X		X X X		X X X		X X X		

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

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

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Columns 4 x 5)	Factor	Amount (Columns 4 x 7)	Factor	Amount (Columns 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public		X X X	X X X		0.0000		(a)		(a)	
66.		Unaffiliated Private		X X X	X X X		0.0000		0.1600		0.1600	
67.		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
68.		Affiliated Certain Other (See SVO Purposes and Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300	
69.		Affiliated Other - All Other		X X X	X X X		0.0000		0.1600		0.1600	
70.		TOTAL with Common Stock Characteristics (Sum of Lines 65 through 69)		X X X	X X X		X X X		X X X		X X X	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home Office Property (General Account Only)					0.0000		0.0750		0.0750	
72.		Investment Properties					0.0000		0.0750		0.0750	
73.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
74.		TOTAL with Real Estate Characteristics (Sum of Lines 71 through 73)					X X X		X X X		X X X	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80.		TOTAL LIHTC (Sum of Lines 75 through 79)					X X X		X X X		X X X	
		ALL OTHER INVESTMENTS										
81.		NAIC 1 Working Capital Finance Investments		X X X			0.0000		0.0037		0.0037	
82.		NAIC 2 Working Capital Finance Investments		X X X			0.0000		0.0120		0.0120	
83.		Other Invested Assets - Schedule BA		X X X			0.0000		0.1300		0.1300	
84.		Other Short-Term Invested Assets - Schedule DA		X X X			0.0000		0.1300		0.1300	
85.		TOTAL All Other (Sum of Lines 81, 82, 83 and 84)		X X X			X X X		X X X		X X X	
86.		TOTAL Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)					X X X		X X X		X X X	

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(b) Determined using same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTIONS, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
0599999 Total

36 Schedule F NONE

37 Schedule H Part 1 A & H Exhibit NONE

38 Schedule H Parts 2, 3 & 4 - A & H Exh Cont NONE

39 Schedule H Part 5 Health Claims NONE

40 Schedule S - Part 1 - Section 1 NONE

41 Schedule S - Part 1 - Section 2 NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
68136	63-0169720 ...	04/01/1997	PROTECTIVE LIFE INS CO	TN .....	.....	10,000
0899999 Subtotal - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates .....					.....	10,000
1099999 Total - Life and Annuity - Non-Affiliates .....					.....	10,000
1199999 Total - Life and Annuity .....					.....	10,000
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....					.....	.....
2299999 Total - Accident and Health .....					.....	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					.....	10,000
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999) .....					.....	10,000

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
68136	63-0169720	04/01/1997	PROTECTIVE LIFE INS CO	TN	CO/I	OL	81,653,876	19,383,812	20,373,299	831,440				
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							81,653,876	19,383,812	20,373,299	831,440				
1099999 Total - General Account - Authorized - Non-Affiliates							81,653,876	19,383,812	20,373,299	831,440				
1199999 Total - General Account - Authorized							81,653,876	19,383,812	20,373,299	831,440				
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total														
2299999 Total - General Account - Unauthorized														
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total														
3399999 Total - General Account - Certified														
3499999 Total - General Account - Authorized, Unauthorized and Certified							81,653,876	19,383,812	20,373,299	831,440				
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total														
4599999 Total - Separate Accounts - Authorized														
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total														
5699999 Total - Separate Accounts - Unauthorized														
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total														
6699999 Total - Separate Accounts - Certified - Non-Affiliates														
6799999 Total - Separate Accounts - Certified														
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified														
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							81,653,876	19,383,812	20,373,299	831,440				
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)														
9999999 Total (Sum of 3499999 and 6899999)							81,653,876	19,383,812	20,373,299	831,440				

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													
68136	63-0169720	04/01/1997	PROTECTIVE LIFE INS CO	TN	CO/I	OL	1,109						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,109						
1099999 Total - General Account - Authorized - Non-Affiliates							1,109						
1199999 Total - General Account Authorized							1,109						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,109						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,109						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							1,109						

45 Schedule S - Part 4 NONE

46 Schedule S - Part 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	833	971	983	1,175	1,366
2. Commissions and reinsurance expense allowances					
3. Contract claims	842	1,355	457	1,215	147
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	(989)	(529)	(690)	(567)	(924)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts	19,384	20,373	20,902	21,592	22,680
10. Liability for deposit-type contracts					
11. Contract claims unpaid	10	269	70	188	147
12. Amounts recoverable on reinsurance					
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	41,981,943		41,981,943
2. Reinsurance (Line 16)			
3. Premiums and considerations (Line 15)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (balance)	45,761,834		45,761,834
6. TOTAL Assets excluding Separate Accounts (Line 26)	87,743,776		87,743,776
7. Separate Account assets (Line 27)			
8. TOTAL Assets (Line 28)	87,743,776		87,743,776
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	0		0
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)			
12. Policyholder dividends/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8) .			
14. Other contract liabilities (Line 9)	102,095		102,095
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	46,794,758		46,794,758
20. TOTAL Liabilities excluding Separate Accounts (Line 26)	46,896,853		46,896,853
21. Separate Account liabilities (Line 27)			
22. TOTAL Liabilities (Line 28)	46,896,853		46,896,853
23. Capital & surplus (Line 38)	40,846,923	X X X	40,846,923
24. TOTAL Liabilities, capital and surplus (Line 39)	87,743,776		87,743,776
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves			
26. Claim reserves			
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets			
32. Other ceded reinsurance recoverables			
33. TOTAL Ceded reinsurance recoverables			
34. Premiums and considerations			
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with certified reinsurers ...			
39. Other ceded reinsurance payables/offsets			
40. TOTAL Ceded reinsurance payable/offsets			
41. TOTAL Net credit for ceded reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	
States, Etc.							Totals
1.	Alabama (AL)	4,520					4,520
2.	Alaska (AK)						
3.	Arizona (AZ)	29,431					29,431
4.	Arkansas (AR)	2,542					2,542
5.	California (CA)	121,672	593				122,266
6.	Colorado (CO)	5,166					5,166
7.	Connecticut (CT)	5,410					5,410
8.	Delaware (DE)	150					150
9.	District of Columbia (DC)						
10.	Florida (FL)	44,960	1,480				46,440
11.	Georgia (GA)	9,992					9,992
12.	Hawaii (HI)	2,330					2,330
13.	Idaho (ID)	1,071					1,071
14.	Illinois (IL)	11,957					11,957
15.	Indiana (IN)	14,083					14,083
16.	Iowa (IA)	4,621					4,621
17.	Kansas (KS)	3,429					3,429
18.	Kentucky (KY)	43,941		363			44,304
19.	Louisiana (LA)	13,296					13,296
20.	Maine (ME)						
21.	Maryland (MD)	1,600					1,600
22.	Massachusetts (MA)	520					520
23.	Michigan (MI)	19,634					19,634
24.	Minnesota (MN)	1,717					1,717
25.	Mississippi (MS)	4,907					4,907
26.	Missouri (MO)	1,697	6,500				8,197
27.	Montana (MT)	264					264
28.	Nebraska (NE)	1,419					1,419
29.	Nevada (NV)	5,851					5,851
30.	New Hampshire (NH)	524					524
31.	New Jersey (NJ)	208					208
32.	New Mexico (NM)	1,876					1,876
33.	New York (NY)	953					953
34.	North Carolina (NC)	15,800	9,000				24,800
35.	North Dakota (ND)	600					600
36.	Ohio (OH)	295,462	34,496	746			330,704
37.	Oklahoma (OK)	612					612
38.	Oregon (OR)	2,332					2,332
39.	Pennsylvania (PA)	2,857					2,857
40.	Rhode Island (RI)						
41.	South Carolina (SC)	6,503					6,503
42.	South Dakota (SD)	746					746
43.	Tennessee (TN)	26,240					26,240
44.	Texas (TX)	24,932					24,932
45.	Utah (UT)	720					720
46.	Vermont (VT)						
47.	Virginia (VA)	26,219	208				26,427
48.	Washington (WA)	2,186					2,186
49.	West Virginia (WV)	4,503					4,503
50.	Wisconsin (WI)	3,506					3,506
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)	78					78
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS	773,039	52,277	1,109			826,425

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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
52	UnitedHealth Group Incorporated	00000	98-1258208				1031387 B.C. Unlimited Liability Company	CAN	UIP	OptumRx Group Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-2624551				310 Canyon Medical, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	02-0653265				Access I.V., LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1913523				ACN Group IPA of New York, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-0015861				ACN Group of California, Inc.	CA	IA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	11-3485985				Advanced Care Pharmacy, Inc.	NY	NIA	Advanced Care, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	11-2997132				Advanced Care, Inc.	NY	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	38-3849068				AHJV MSO, Inc.	DE	NIA	AHJV, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	38-3849066				AHJV, Inc.	DE	NIA	NAMM Holdings, Inc.	Ownership	75.0	UnitedHealth Group Incorporated	N	
		00000	22-3493126				Alere Health Improvement Company	DE	NIA	Alere Health, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-2564744				Alere Health, LLC	DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	58-2068880				Alere Healthcare of Illinois, Inc.	GA	NIA	Alere Women's and Children's Health, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	58-1873062				Alere of New York, Inc.	NY	NIA	Alere Women's and Children's Health, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	02-0231080				Alere Wellbeing, Inc.	DE	NIA	Alere Health, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	54-1776557				Alere Wellology, Inc.	DE	NIA	Alere Health, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	58-2205984				Alere Women's and Children's Health, LLC	DE	NIA	Alere Health, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		82406	35-1665915				All Savers Insurance Company	IN	IA	Golden Rule Financial Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		73130	35-1744596				All Savers Life Insurance Company of California	CA	IA	Golden Rule Financial Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	55-0802777				Ambient Healthcare of Central Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	55-0802779				Ambient Healthcare of Georgia, Inc.	GA	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-4881413				Ambient Healthcare of Northeast Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	33-1012700				Ambient Healthcare of S. Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	55-0802774				Ambient Healthcare of West Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	65-1095227				Ambient Healthcare, Inc.	FL	NIA	Ambient Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	45-2161438				Ambient Holdings, Inc.	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
52.1	0707 UnitedHealth Group Incorporated UnitedHealth Group Incorporated	00000	26-3738273				Ambient Nursing Services, Inc. ....	.. FL ..	... NIA ..	Ambient Healthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	54-1743136				AmeriChoice Corporation .....	.. DE ..	... NIA ..	UnitedHealth Group Incorporated	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	54-1743141				AmeriChoice Health Services, Inc. ....	.. DE ..	... NIA ..	AmeriChoice Corporation	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		13178	26-2481299				AmeriChoice of Connecticut, Inc. ....	.. CT ..	... IA	AmeriChoice Corporation	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		95497	22-3368602				AmeriChoice of New Jersey, Inc. ....	.. NJ ..	... IA	AmeriChoice Corporation	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	98-1108620				Amico Saúde Ltda. ....	.. BRA ..	... NIA ..	Amil Assistência Médica Internacional S.A.	Ownership .....	..... 98.9	UnitedHealth Group Incorporated .....	..... N	
		00000	98-1108620				Amico Saúde Ltda. ....	.. BRA ..	... NIA ..	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership .....	..... 1.1	UnitedHealth Group Incorporated .....	..... N	
		00000					Amil Assistência Médica Internacional S.A. ....	.. BRA ..	... NIA ..	Polar II Fundo de Investimento em Participações	Ownership .....	..... 90.2	UnitedHealth Group Incorporated .....	..... N	0000002
		00000	98-1109085				Amil Clinical Research Participações Ltda. ....	.. BRA ..	... NIA ..	Esho – Empresa de Serviços Hospitalares S.A.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	98-1109085				Amil Clinical Research Participações Ltda. ....	.. BRA ..	... NIA ..	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership .....	..... 0.1	UnitedHealth Group Incorporated .....	..... N	
		00000	98-1138212				AMIL International S.á.r.l. ....	.. LUX ..	... NIA ..	Amil Assistência Médica Internacional S.A.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	98-1110579				Amil Lifesciences Participações Ltda. ....	.. BRA ..	... NIA ..	Amil Assistência Médica Internacional S.A.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	98-1110579				Amil Lifesciences Participações Ltda. ....	.. BRA ..	... NIA ..	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership .....	..... 0.0	UnitedHealth Group Incorporated .....	..... N	
		00000					Angiografia e Hemodinâmica Madre Theodora Ltda. ....	.. BRA ..	... NIA ..	Esho – Empresa de Serviços Hospitalares S.A.	Ownership .....	..... 50.0	UnitedHealth Group Incorporated .....	..... N	0000003
		00000	27-2068687				AppleCare Medical Management, LLC .....	.. CA ..	... NIA ..	Collaborative Care Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	26-4312858				ARC Infusion, LLC .....	.. CA ..	... NIA ..	SCP Specialty Infusion, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	86-0813232				Arizona Physicians IPA, Inc. ....	.. AZ ..	... IA	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	90-0369702				ASI Global, LLC .....	.. TX ..	... NIA ..	FrontierMEDEX, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	26-3878957				AssuranceRx, LLC .....	.. AL ..	... NIA ..	BriovaRx, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	47-0990056				Audax Health Solutions, LLC .....	.. DE ..	... NIA ..	Rally Health, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	80-0368187				Aveta Arizona, Inc. ....	.. AZ ..	... NIA ..	NAMM Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	90-0632302				Aveta Health Solutions Inc. ....	.. DE ..	... NIA ..	NAMM Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	20-4057813				Aveta Inc. ....	.. DE ..	... NIA ..	Collaborative Care Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	27-2823524				Aveta Kansas City, Inc. ....	.. KS ..	... NIA ..	NAMM Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	
		00000	36-4704309				Aveta Tennessee, Inc .....	.. DE ..	... NIA ..	NAMM Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iary Loca- tion	Rela- tion- ship to Report- ing 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)	*
0707	UnitedHealth Group Incorporated	00000	26-2565032				AxelaCare Health Solutions, LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-3918706		0001507772		AxelaCare Holdings, Inc.	DE	NIA	AxelaCare, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	30-0842394				AxelaCare Intermediate Holdings, LLC	DE	NIA	OptumRx, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	61-1708598				AxelaCare, LLC	DE	NIA	AxelaCare Intermediate Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0267857				Behavioral Healthcare Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1112673				Bosque Medical Center S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	78.2	UnitedHealth Group Incorporated	N	
		00000	98-1112673				Bosque Medical Center S.A.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	21.8	UnitedHealth Group Incorporated	N	
		00000	27-1930321				BriovaRx of Georgia, LLC	GA	NIA	BriovaRx, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-2348504				BriovaRx of Hawaii, LLC	HI	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-2731176				BriovaRx of Indiana, LLC	IN	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-2790537				BriovaRx of Louisiana, LLC	LA	NIA	BriovaRx, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	01-0516051				BriovaRx of Maine, Inc.	ME	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-3331130				BriovaRx of Massachusetts, LLC	MA	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	45-2532834				BriovaRx of Nevada, LLC	NV	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	55-0824381				BriovaRx, LLC	AL	NIA	BriovaRx of Maine, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-1981651				Cardio Management, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-8375685				Care Improvement Plus Group Management, LLC	MD	NIA	XLHealth Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		12558	45-4976934				Care Improvement Plus of Texas Insurance Company	TX	IA	XLHealth Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		12567	20-3888112				Care Improvement Plus South Central Insurance Company	AR	IA	XLHealth Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		14041	27-5038136				Care Improvement Plus Wisconsin Insurance Company	WI	IA	XLHealth Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-5807941				Catalyst360, LLC	DE	NIA	Optum Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	31-1728846				Catamaran Discount Card Services, LLC	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-0666840				Catamaran Health Solutions, LLC	DE	UIP	Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	80-0870454				Catamaran Holdings I, LLC	DE	UIP	1031387 B.C. Unlimited Liability Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	11-3647935				Catamaran Home Delivery of Florida, Inc.	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
52.3	UnitedHealth Group Incorporated	00000	47-1734077				Catamaran Home Delivery of Illinois, LLC	IL	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	34-1472211				Catamaran Home Delivery of Ohio, Inc.	OH	NIA	First Rx Specialty & Mail Services, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-2719823				Catamaran Home Delivery of Texas, Inc.	TX	NIA	Catamaran Home Delivery of Florida, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-0212381				Catamaran Hospice Services, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		69647	31-0628424				Catamaran Insurance of Ohio, Inc.	OH	RE	Catamaran PBM of Maryland, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-0218027				Catamaran IPA III, Inc.	NY	NIA	Catamaran PBM of Illinois II, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	75-2578509		0001600762		Catamaran LLC	TX	UIP	Catamaran Holdings I, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-4241298				Catamaran Mail, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-3419292				Catamaran of Pennsylvania, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	36-4049815				Catamaran PBM of Illinois II, Inc.	IL	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	11-2581812				Catamaran PBM of Illinois, Inc.	DE	NIA	Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0361447				Catamaran PBM of Maryland, Inc.	NV	UDP	Catamaran Health Solutions, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	03-0592263				Catamaran PBM of Pennsylvania, LLC	PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-1424534				Catamaran PBM of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	38-3693753				Catamaran PBM Services, LLC	WI	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	61-1485410				Catamaran PD of Maryland, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	16-1767416				Catamaran PD of Pennsylvania, LLC	PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-1438879				Catamaran PD of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0373347				Catamaran Pharmacy of Nevada, Inc.	NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-3633484				Catamaran Rebate Management, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1069737				Catamaran S.á.r.l.	LUX	NIA	1031387 B.C. Unlimited Liability Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-0543382				Catamaran Senior Services, LLC	AL	NIA	Catamaran Hospice Services, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amico Saúde Ltda.	Ownership	0.0	UnitedHealth Group Incorporated	N	
		00000					ChinaGate (Hong Kong) Limited	HKG	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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52.4	0707 .. UnitedHealth Group Incorporated	00000	98-1094627	ChinaGate Company Limited CHN NIA ..	ChinaGate (Hong Kong) Limited	Ownership 100.0	UnitedHealth Group Incorporated N
		00000	.....	.....	.....	.....	CMS – Central de Manipulação e Serviços Farmacêuticos S.A. ....	.. BRA ..	.. NIA ..	COI – Clínicas Oncológicas Integradas S.A.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	56-2674371 ..	.....	.....	.....	Coachella Valley Physicians of PrimeCare, Inc. ....	.. CA ..	.. NIA ..	PrimeCare Medical Network, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	27-1193028 ..	.....	.....	.....	Coalition For Advanced Pharmacy Services, LLC .....	.. DE ..	.. NIA ..	Catamaran Health Solutions, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	.....	.....	.....	.....	COI – Clínicas Oncológicas Integradas S.A. ....	.. BRA ..	.. NIA ..	COI Participações S.A.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	.....	.....	.....	.....	COI Participações S.A. ....	.. BRA ..	.. NIA ..	Esho – Empresa de Serviços Hospitalares S.A.	Ownership .....	..... 85.0	UnitedHealth Group Incorporated .....	.. N	0000001
		00000	27-2337616 ..	.....	.....	.....	Collaborative Care Holdings, LLC ..	.. DE ..	.. NIA ..	OptumHealth Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	27-2337487 ..	.....	.....	.....	Collaborative Care Services, Inc. ...	.. DE ..	.. NIA ..	Collaborative Care Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	27-3470466 ..	.....	.....	.....	Collaborative Care Solutions, LLC ..	.. DE ..	.. NIA ..	Collaborative Care Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	45-2614005 ..	.....	.....	.....	Collaborative Realty, LLC .....	.. NY ..	.. NIA ..	Collaborative Care Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	11-3647007 ..	.....	.....	.....	Comfort Care Transportation, LLC ..	.. TX ..	.. NIA ..	WellMed Medical Management, Inc. ...	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	61-1351358 ..	.....	.....	.....	Commonwealth Administrators, LLC ..	.. KY ..	.. NIA ..	UMR, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	20-1825933 ..	.....	.....	.....	Connexions HCI, LLC .....	.. FL ..	.. NIA ..	Connexions, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	59-3684411 ..	.....	.....	.....	Connexions, Inc. ....	.. FL ..	.. NIA ..	OptumHealth Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	20-5654789 ..	.....	.....	.....	Crescent Drug Corp. ....	.. NY ..	.. NIA ..	Salveo Specialty Pharmacy, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	26-0080565 ..	.....	.....	.....	Cypress Care, Inc. ....	.. DE ..	.. NIA ..	Healthcare Solutions, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	.....	.....	.....	.....	Day-Op Surgery Consulting Company, LLC .....	.. DE ..	.. NIA ..	ProHEALTH Medical Management, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	52-1811176 ..	.....	.....	.....	DBP Services of New York IPA, Inc. ...	.. NY ..	.. NIA ..	Dental Benefit Providers, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	52-1452809 ..	.....	.....	.....	Dental Benefit Providers of California, Inc. ....	.. CA ..	.. IA ..	Dental Benefit Providers, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		52053	36-4008355 ..	.....	.....	.....	Dental Benefit Providers of Illinois, Inc. ....	.. IL ..	.. IA ..	Dental Benefit Providers, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	41-2014834 ..	.....	.....	.....	Dental Benefit Providers, Inc. ....	.. DE ..	.. NIA ..	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	30-0238641 ..	.....	.....	.....	Distance Learning Network, Inc. ...	.. DE ..	.. NIA ..	OptumHealth Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	.....	.....	.....	.....	Duncan Printing Services, LLC .....	.. SC ..	.. NIA ..	UnitedHealthcare Insurance Company	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	59-3625966 ..	.....	.....	.....	DWIC of Tampa Bay, Inc. ....	.. FL ..	.. NIA ..	MedExpress Development, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N .....	.....
		00000	84-1162764	Electronic Network Systems, Inc. DE NIA ..	OptumInsight, Inc.	Ownership 100.0	UnitedHealth Group Incorporated N

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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52.5		00000	98-1103713				ELG FZE	ARE	NIA	Frontier MEDEX Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1111172				Esho – Empresa de Serviços Hospitalares S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	99.2	UnitedHealth Group Incorporated	N	0000004
		00000					Etho – Empresa de Tecnologia Hospitalar Ltda	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	71.9	UnitedHealth Group Incorporated	N	0000001
		00000	86-0964571				Evercare Collaborative Solutions, Inc.	DE	NIA	Ovations, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1111239				Excellion Serviços Biomédicos S.A.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	11-3669765				Executive Health Resources, Inc.	PA	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Exploration for Mine Clearance LLC	IRQ	NIA	Frontier MEDEX Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1113428				Exploration Logistics B.C. Ltd.	CAN	NIA	FrontierMEDEX Canada Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0223385				Family Health Care Services	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0257036				Family Home Hospice, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-4106571				First Rx Specialty & Mail Services, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	35-2456267				FMG Holdings, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	86-0908902				FOR HEALTH OF ARIZONA, INC.	AZ	NIA	For Health, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	33-0766617				For Health, Inc.	DE	NIA	Inspiris, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Frontier MEDEX Limited	GBR	NIA	UnitedHealthcare International I B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Frontier Medex Tanzania Limited	TZA	NIA	Frontier MEDEX Limited	Ownership	99.0	UnitedHealth Group Incorporated	N	
		00000					Frontier Medex Tanzania Limited	TZA	NIA	FrontierMEDEX Limited	Ownership	1.0	UnitedHealth Group Incorporated	N	
		00000	68-0679514				FrontierMEDEX (RMS), Inc.	DE	NIA	FMG Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1103497				FrontierMEDEX Canada Holdings Ltd.	CAN	NIA	UnitedHealthcare International I B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1104429				FrontierMEDEX Canada Limited	CAN	NIA	FrontierMEDEX Canada Holdings Ltd.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	45-5339512				FrontierMEDEX Government Services, LLC	DE	NIA	FMG Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1147103				FrontierMEDEX Kenya Limited	KEN	NIA	Frontier MEDEX Limited	Ownership	99.9	UnitedHealth Group Incorporated	N	
		00000	98-1147103				FrontierMEDEX Kenya Limited	KEN	NIA	UnitedHealthcare International I B.V.	Ownership	0.1	UnitedHealth Group Incorporated	N	
		00000	98-1101521				FrontierMEDEX Limited	IRQ	NIA	Frontier MEDEX Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	33-1219808				FrontierMEDEX US, Inc.	DE	NIA	FMG Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	

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52.6	0707 ... UnitedHealth Group Incorporated	00000	52-2230470				FrontierMEDEX, Inc.	MN	NIA	FrontierMEDEX US, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	37-0920164				gethealthinsurance.com Agency Inc.	IN	NIA	Golden Rule Financial Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-3420886				Golden Outlook, Inc.	CA	NIA	Collaborative Care Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	37-0855360				Golden Rule Financial Corporation	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		62286	37-6028756	003057283			Golden Rule Insurance Company	IN	IA	Golden Rule Financial Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	75-2196224				Guardian Health Systems Limited Partnership	OK	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	75-2196224				Guardian Health Systems Limited Partnership	OK	NIA	AxelaCare Health Solutions, LLC	Ownership	0.1	UnitedHealth Group Incorporated	N	
		00000	98-0213198				H&W Indemnity (SPC), Ltd.	CYM	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 ... UnitedHealth Group Incorporated	79480	35-1279304				Harken Health Insurance Company	WI	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	23-2171049				Health Business Systems, Inc.	PA	NIA	Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 ... UnitedHealth Group Incorporated	43893	13-3584296				Health Net Insurance of New York, Inc.	NY	IA	Oxford Health Plans LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-0153069				Health Net Services (Bermuda) Ltd.	BMU	NIA	Oxford Health Plans LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 ... UnitedHealth Group Incorporated	96342	88-0201035				Health Plan of Nevada, Inc.	NV	IA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1098167				Health Technology Analysts Pty Limited	AUS	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	95-4763349				HealthAllies, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	77-0693060				Healthcare Solutions, Inc.	DE	NIA	Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	84-1472832				Highlands Ranch Healthcare, LLC	CO	NIA	Urgent Care MSO, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	93-1103256				Home Care I.V. of Bend, LLC	OR	NIA	SCP Specialty Infusion, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-0668812				Home Infusion With Heart, LLC	NE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-8910978				Hospice Inspiris Holdings, Inc.	TN	NIA	Inspiris, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	74.4	UnitedHealth Group Incorporated	N	
		00000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Bosque Medical Center S.A.	Ownership	15.0	UnitedHealth Group Incorporated	N	
		00000	98-1202916				Hospital AMA S.A.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	50.5	UnitedHealth Group Incorporated	N	
		00000	98-1202916				Hospital AMA S.A.	BRA	NIA	Seisa Serviços Integrados de Saúde Ltda.	Ownership	49.5	UnitedHealth Group Incorporated	N	
		00000	98-1203135				Hospital Carlos Chagas S.A.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N	

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52.7		00000					Hospital Maternidade Promater Ltda.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Hospital Maternidade Promater Ltda.	BRA	NIA	Seisa Serviços Integrados de Saúde Ltda.	Ownership	0.0	UnitedHealth Group Incorporated	N	
		00000					HPP - Medicina Molecular, S.A.	PRT	NIA	LMN – Laboratório de Medicina Nuclear, Unipessoal, Lda.	Ownership	60.0	UnitedHealth Group Incorporated	N	
		00000					HPP - Medicina Molecular, S.A.	PRT	NIA	Lusiadas, S.A.	Ownership	40.0	UnitedHealth Group Incorporated	N	
		00000	26-2912304				Humedica, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	36-4331825				Hygeia Corporation	DE	NIA	UnitedHealth International, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1099968				Hygeia Corporation	CAN	NIA	UnitedHealth Group International L.P.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Imed Star – Serviços de Desempenho Organizacional Ltda.	BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Imed Star – Serviços de Desempenho Organizacional Ltda.	BRA	NIA	UHG Brasil Participações S.A.	Ownership	0.0	UnitedHealth Group Incorporated	N	
		00000	47-0941801				Infusource, LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	62-1641102				Ingram & Associates, LLC	TN	NIA	Optum360, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0482274				inPharmative, Inc.	NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	13-4138668				INSPIRIS of New York IPA, Inc.	NY	NIA	Inspiris, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	13-4138665				INSPIRIS of New York Management, Inc.	NY	NIA	Inspiris, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-5355196				Inspiris of Tennessee, Inc.	TN	NIA	Inspiris, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-2885572				INSPIRIS of Texas Physician Group	TX	NIA	Inspiris Services Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-0683057				Inspiris Services Company	TN	NIA	Inspiris, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	33-0766366				Inspiris, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1097022				International Psychological Services Pty Limited	AUS	NIA	Optum Health & Technology (Australia) Pty Ltd	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					IRX Financing I LLC	DE	NIA	Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	57-1089983				IV Specialists, Inc.	SC	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	32-0409538				Lifeprint Accountable Care Organization, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	45-3143218				Lifeprint East, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-2309024				LifePrint Health, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					LMN – Laboratório de Medicina Nuclear, Unipessoal, Lda.	PRT	NIA	Lusiadas, S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N	

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52.8	0707 ... UnitedHealth Group Incorporated	00000	39-1974851				Logistics Health, Inc. WI NIA ..	OptumHealth Holdings, LLC	Ownership 100.0	UnitedHealth Group Incorporated N ...	
		00000	98-1139095				Lusiadas A.C.E. ....	.. PRT .	... NIA ..	Lusiadas, SGPS, S.A.	Ownership .....	..... 70.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	98-1139095				Lusiadas A.C.E. ....	.. PRT .	... NIA ..	Lusiadas, S.A.	Ownership .....	..... 20.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	98-1139095				Lusiadas A.C.E. ....	.. PRT .	... NIA ..	Lusiadas-Parcerias Cascais, S.A.	Ownership .....	..... 10.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	98-1139089				Lusiadas, S.A. ....	.. PRT .	... NIA ..	Lusiadas, SGPS, S.A.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	98-1138570				Lusiadas, SGPS, S.A. ....	.. PRT .	... NIA ..	Amil International S.á.r.l.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	98-1137620				Lusiadas-Parcerias Cascais, S.A. .	.. PRT .	... NIA ..	Lusiadas, SGPS, S.A.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	52-2129787				MAMSI Insurance Resources, LLC	.. MD .	... NIA ..	OneNet PPO, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
	0707 ... UnitedHealth Group Incorporated	6032100000	52-180328314-1782475				MAMSI Life and Health Insurance Company	.. MD .	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	42-1741594				Managed Physical Network, Inc. ....	.. NY .	... NIA ..	OptumHealth Care Solutions, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000					MD Ops, Inc. ....	.. CA .	... NIA ..	North American Medical Management California, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		9631000000	52-1169135				MD-Individual Practice Association, Inc. ....	.. MD .	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000					Medalliance Net Ltda .....	.. BRA .	... NIA ..	Optum Health & Technology Serviços do Brasil Ltda.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	52-2178531				MEDEX Insurance Services, Inc. ....	.. MD .	... NIA ..	FrontierMEDEX, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	20-3824377				MedExpress Development, LLC ....	.. FL .	... NIA ..	Urgent Care MSO, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	20-2545363				MedExpress Urgent Care of Boynton Beach, LLC .....	.. FL .	... NIA ..	MedExpress Development, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
	0707 ... UnitedHealth Group Incorporated	00000					MedExpress Urgent Care, Inc. - Ohio .....	.. OH .	... NIA ..	Urgent Care Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		12756	20-3391186				Medica Health Plans of Florida, Inc. ....	.. FL .	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		1215500000	01-078857626-4808018				Medica HealthCare Plans, Inc. ....	.. FL .	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	32-0037402				Medical Preparatory School of Allied Health, LLC .....	.. TX .	... NIA ..	WellMed Medical Management, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	75-2682287				Medical Transportation Services, LLC .....	.. FL .	... NIA ..	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	75-2515691				MedSynergies North Texas, Inc. ....	.. TX .	... NIA ..	MedSynergies, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	27-2252446				MedSynergies, Inc. ....	.. DE .	... NIA ..	Mustang Razorback Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000	46-2881462				MHC Real Estate Holdings, LLC ....	.. CA .	... NIA ..	Monarch Management Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	... N ...	
		00000					Minnesota Waypoint Physical Therapy, Inc. DE NIA ..	Orthology, Inc.	Ownership 100.0	UnitedHealth Group Incorporated N ...	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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52.9	0707 .. UnitedHealth Group Incorporated .. 0707 .. UnitedHealth Group Incorporated ..	00000	20-4515146				Mission Road Pharmacy, Inc. CA NIA ..	Salveo Specialty Pharmacy, Inc.	Ownership 100.0	UnitedHealth Group Incorporated N ...	
		00000	46-3949765				MN Waypoint Sports Physical Therapy, Inc. ....	.. DE ..	.. NIA ..	Orthology, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	31-1191553				Modern Medical, Inc. ....	.. OH ..	.. NIA ..	Healthcare Solutions, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	45-3142852				Monarch Management Services, Inc. ....	.. DE ..	.. NIA ..	Collaborative Care Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	47-1935798				Mustang Razorback Holdings, Inc. ....	.. DE ..	.. NIA ..	OptumInsight, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	20-3236839				NAMM Holdings, Inc. ....	.. DE ..	.. NIA ..	Aveta Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
	0707 .. UnitedHealth Group Incorporated .. 0707 .. UnitedHealth Group Incorporated ..	95251	76-0196559				National Pacific Dental, Inc. ....	.. TX ..	.. IA ..	Dental Benefit Providers, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		95123	65-0996107				Neighborhood Health Partnership, Inc. ....	.. FL ..	.. IA ..	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	20-4755277				Netwerkes, LLC .....	.. TN ..	.. NIA ..	Payment Resolution Services, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	46-3584152				Nevada Medical Services LLC .....	.. NV ..	.. NIA ..	Collaborative Care Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		95758	88-0228572				Nevada Pacific Dental .....	.. NV ..	.. IA ..	Dental Benefit Providers, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	36-3984647				North American Medical Management - Illinois, Inc. ....	.. IL ..	.. NIA ..	NAMM Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
	0707 .. UnitedHealth Group Incorporated .. 0707 .. UnitedHealth Group Incorporated ..	00000	33-0673955				North American Medical Management California, Inc. ....	.. TN ..	.. NIA ..	NAMM Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	88-0245121				Northern Nevada Health Network, Inc. ....	.. NV ..	.. NIA ..	Sierra Health Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	63-0954765				Nutritional/Parenteral Home Care of Decatur, Inc. ....	.. AL ..	.. NIA ..	Nutritional/Parenteral Home Care, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	63-0964525				Nutritional/Parenteral Home Care of Huntsville, Inc. ....	.. AL ..	.. NIA ..	Nutritional/Parenteral Home Care, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	63-1284325				Nutritional/Parenteral Home Care, Inc. ....	.. AL ..	.. NIA ..	Ambient Healthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	52-2129786				OneNet PPO, LLC .....	.. MD ..	.. NIA ..	UnitedHealthcare Insurance Company	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
	0707 .. UnitedHealth Group Incorporated .. 0707 .. UnitedHealth Group Incorporated ..	96940	52-1518174				Optimum Choice, Inc. ....	.. MD ..	.. IA ..	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	47-0858534	003202702			Optum Bank, Inc. ....	.. UT ..	.. NIA ..	OptumHealth Financial Services, Inc. .	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	36-3437660				Optum Biometrics, Inc. ....	.. IL ..	.. NIA ..	OptumHealth Care Solutions, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	45-3142512				Optum Clinical Services, Inc. ....	.. DE ..	.. NIA ..	Collaborative Care Holdings, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
		00000	37-1782217				Optum Clinics Holdings, Inc. ....	.. DE ..	.. NIA ..	Collaborative Care Holdings, LLC	Ownership .....	..... 97.2	UnitedHealth Group Incorporated .....	.. N ...	
		00000	38-3969193				Optum Clinics Intermediate Holdings, Inc. ....	.. DE ..	.. NIA ..	Optum Clinics Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	.. N ...	
	0707 .. UnitedHealth Group Incorporated .. 0707 .. UnitedHealth Group Incorporated ..	00000	98-1201187				Optum Global Solutions International B.V. NLD NIA ..	Optum Technology, Inc.	Ownership 100.0	UnitedHealth Group Incorporated N ...	0000001

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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52.10		00000	04-3574101				Optum Government Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Optum Health & Technology (Australia) Pty Ltd	AUS	NIA	Optum UK Solutions Group Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	United Behavioral Health	Ownership	0.0	UnitedHealth Group Incorporated	N	
		00000					Optum Health & Technology (Singapore) Pte. Ltd.	SGP	NIA	OptumHealth International B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1095879				Optum Health & Technology (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-2149493				Optum Health & Technology (US), LLC	MO	NIA	United Behavioral Health	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0492251				Optum Health & Technology FZ-LLC	ARE	NIA	Optum Global Solutions International B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	43-1747235				Optum Health & Technology Holdings (US), LLC	MO	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	BRA	NIA	OptumHealth International B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	BRA	NIA	OptumInsight, Inc.	Ownership	0.0	UnitedHealth Group Incorporated	N	
		00000	98-1097921				Optum Health Services (Canada) Ltd.	CAN	NIA	Optum Health & Technology Holdings (US), LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1147355				Optum Health Solutions (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-4734521				Optum Labs Dimensions, Inc.	DE	NIA	Optum Labs, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1249178				Optum Labs International (UK) Ltd.	GBR	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-1615964				Optum Labs, Inc.	DE	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1209730				Optum Life Sciences (Canada) Inc.	CAN	NIA	OptumInsight Life Sciences, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1098190				Optum Management Consulting (Shanghai) Co., Ltd.	CHN	NIA	Optum Health & Technology Holdings (US), LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	90-1001805				Optum Nevada Accountable Care Organization LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-8911466				Optum Palliative and Hospice Care of Pennsylvania, Inc.	TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-8911303				Optum Palliative and Hospice Care of Texas, Inc.	TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	30-0226127				Optum Palliative and Hospice Care, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-4581265				Optum Public Sector Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-3328009				Optum Rocket, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	45-4683454				Optum Services, Inc.	DE	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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52.11		00000					Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	BRA	NIA	Optum Global Solutions International B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	BRA	NIA	OptumHealth International B.V.	Ownership	0.0	UnitedHealth Group Incorporated	N	
		00000	98-0644599				Optum Solutions UK Holdings Limited	GBR	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-5713629				Optum Technology, Inc.	DE	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1097769				Optum UK Solutions Group Limited	GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	30-0580620	003119994			Optum, Inc.	DE	UIP	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-3983926				Optum360 Services, Inc.	DE	NIA	Optum Rocket, Inc.	Ownership	69.0	UnitedHealth Group Incorporated	N	0000001
		00000	46-3328307				Optum360, LLC	DE	NIA	Optum Rocket, Inc.	Ownership	75.0	UnitedHealth Group Incorporated	N	0000001
		00000	41-1591944				OptumHealth Care Solutions, Inc.	MN	NIA	OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	47-0858530				OptumHealth Financial Services, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	47-1192395				OptumHealth Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1106868				OptumHealth International B.V.	NLD	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					OptumInsight Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	04-3383745				OptumInsight Life Sciences, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1858498				OptumInsight, Inc.	DE	NIA	OptumInsight Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	47-4734235				OptumRx Group Holdings, Inc.	DE	UIP	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					OptumRx Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-0151096				OptumRx NY IPA, Inc.	NY	NIA	OptumRx, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	47-3146510				OptumRx Pharmacy, Inc.	DE	NIA	OptumRx, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	33-0441200				OptumRx, Inc.	CA	NIA	OptumRx Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-2742615				Orthology, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	80.0	UnitedHealth Group Incorporated	N	0000001
		00000	13-3960641				OrthoNet Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	13-3818652				OrthoNet LLC	NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	13-4025898				OrthoNet New York IPA, Inc.	NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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52.12	0707 .. UnitedHealth Group Incorporated	00000	30-0029448				OrthoNet of the Mid-Atlantic, Inc.	DE	IA	OrthoNet Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-2884306				OrthoNet of the South, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-1581769				OrthoNet Services, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-0221966				OrthoNet West, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1921007				Ovations, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	06-1587795				Oxford Benefit Management, Inc.	CT	NIA	Oxford Health Plans LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 .. UnitedHealth Group Incorporated	78026	22-2797560				Oxford Health Insurance, Inc.	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
		96798	06-1181201				Oxford Health Plans (CT), Inc.	CT	IA	Oxford Health Plans LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 .. UnitedHealth Group Incorporated	95506	22-2745725				Oxford Health Plans (NJ), Inc.	NJ	IA	Oxford Health Plans LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95479	06-1181200				Oxford Health Plans (NY), Inc.	NY	IA	Oxford Health Plans LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 .. UnitedHealth Group Incorporated	00000	52-2443751				Oxford Health Plans LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		70785	35-1137395				PacifiCare Life and Health Insurance Company	IN	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 .. UnitedHealth Group Incorporated	84506	95-2829463				PacifiCare Life Assurance Company	CO	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95617	94-3267522				PacifiCare of Arizona, Inc.	AZ	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 .. UnitedHealth Group Incorporated	95434	84-1011378				PacifiCare of Colorado, Inc.	CO	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95685	86-0875231				PacifiCare of Nevada, Inc.	NV	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	62-1451147				Payment Resolution Services, LLC	TN	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	75-3265056				PCCCV, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-2447772				PCN DE Corp.	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	68-0044962				Pharmaceutical Care Network	CA	NIA	PCN DE Corp.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	35-2288416				PHC Subsidiary Holdings, LLC	TX	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-8016933				PHYS Holding Corp.	DE	NIA	MedSynergies, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-8016984				PhyServe Holdings, Inc.	DE	NIA	MedSynergies, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	80-0654665				Physician Care Partners, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707 .. UnitedHealth Group Incorporated	11494	04-3677255				Physicians Health Choice of Texas, LLC	TX	IA	PHC Subsidiary Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	

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52.13	0707	UnitedHealth Group Incorporated	00000	52-1162824			Physicians Health Plan of Maryland, Inc.	MD	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000				Plus One Health Management Puerto Rico, Inc.	PR	NIA	Plus One Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	13-3613705			Plus One Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	98-1083164			Polar II Fundo de Investimento em Participações	BRA	NIA	UnitedHealthcare International IV S.á.r.l.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000				Polo Holdco, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	81.9	UnitedHealth Group Incorporated	N	
			00000	75-2741619			ppoONE, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	0000001
			00000	65-0683927			Preferred Care Partners Holding, Corp.	FL	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	26-1845018			Preferred Care Partners Medical Group, Inc.	FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			11176	65-0885893			Preferred Care Partners, Inc.	FL	IA	Preferred Care Partners Holding, Corp.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	75-3265059			Premier Choice ACO, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	88-0253112			Prime Health, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	33-0607478			PrimeCare Medical Network, Inc.	CA	IA	NAMM Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	87-0757397			PrimeCare of Citrus Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	80.0	UnitedHealth Group Incorporated	N	
			00000	33-0674407			PrimeCare of Corona, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	0000001
			00000	33-0674401			PrimeCare of Hemet Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	33-0674408			PrimeCare of Inland Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	33-0674402			PrimeCare of Moreno Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	33-0674400			PrimeCare of Redlands, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	33-0674404			PrimeCare of Riverside, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	14-1915328			PrimeCare of San Bernardino, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	33-0698439			PrimeCare of Sun City, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	33-0674409			PrimeCare of Temecula, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	14-1873402			Procura Management, Inc.	DE	NIA	Healthcare Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	32-0229091			ProHEALTH Fitness of Lake Success, LLC	NY	NIA	ProHealth Medical Management, LLC	Ownership	82.6	UnitedHealth Group Incorporated	N	0000001
			00000	47-1049961			ProHealth Medical Management, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.0	UnitedHealth Group Incorporated	N	0000001

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
52.14	UnitedHealth Group Incorporated	00000					ProHealth Physicians, ACO, LLC.		NIA	ProHealth Physicians, Inc	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					ProHealth Physicians, Inc	CT	NIA	Polo Holdco, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	32-0455430				ProHealth Proton Center Management, LLC	DE	NIA	ProHealth Medical Management, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	57-0861358				Pronetics Health Care Group, Inc.	SC	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1103015				QSSI Technologies India Private Limited	IND	NIA	Quality Software Services, Inc.	Ownership	99.9	UnitedHealth Group Incorporated	N	0000001
		00000	52-2016292				Quality Software Services, Inc.	MD	NIA	OptumInsight, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-3168754				R&H Family Fitness Unlimited LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	35-2493256				Rally Health, Inc.	DE	NIA	Optum Services, Inc.	Ownership	74.0	UnitedHealth Group Incorporated	N	
		00000	80-0947972				Real Appeal, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	98.0	UnitedHealth Group Incorporated	N	0000001
		00000	74-3103518				RxCare Providers Corp.	NY	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	0000001
		00000	45-2219585				Salveo Specialty Pharmacy, Inc.	DE	NIA	Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-2635371				SCP Specialty Infusion, LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0492251				ScripNet, LLC	DE	NIA	Healthcare Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					ScriptSwitch Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.0	UnitedHealth Group Incorporated	N	
		00000	20-4763091				Senior Care Partners, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-1533951				Serquinox Holdings LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-1533840				Serquinox LLC	DE	NIA	Serquinox Holdings LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		71420	94-0734860				Sierra Health and Life Insurance Company, Inc.	NV	IA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0200415				Sierra Health Services, Inc.	NV	NIA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0254322				Sierra Health-Care Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0385705				Sierra Home Medical Products, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	88-0264562				Sierra Nevada Administrators, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-3741084				Sirona Infusion, L.L.C.	AZ	NIA	SCP Specialty Infusion, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	

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52.15	0	00000	88-0201420				Southwest Medical Associates, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	38-2609888				Southwest Michigan Health Network Inc.	MI	NIA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1921983				Specialty Benefits, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	71-0886811				Spectera of New York, IPA, Inc.	NY	NIA	Spectera, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	52-1260282				Spectera, Inc.	MD	NIA	Specialty Benefits, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	46-5587702				Spotlite, Inc.	DE	NIA	Rally Health, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	90-0884047				Summit Home Infusion, LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					SXC Comet, LLC	DE	NIA	Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	56-1970224				The Lewin Group, Inc.	NC	NIA	Optum Public Sector Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	25-1825549				Three Rivers Holdings, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	52-1431155				Travel Express Incorporated	MD	NIA	FrontierMEDEX, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-4963945				Trinity Infusion, Inc.	NC	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	94-3077084				U.S. Behavioral Health Plan, California	CA	IA	United Behavioral Health	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1913059				UHC International Services, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		0707	UnitedHealth Group Incorporated										UnitedHealth Group Incorporated	N	
		00000	95-2931460				UHC of California	CA	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000					UHG Brasil Participações S.A.	BRA	NIA	Polar II Fundo de Investimento em Participações	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1921008				UHC Holdings, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	14-1892398				Ultima Rx, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	39-1995276				UMR, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		0707	UnitedHealth Group Incorporated										UnitedHealth Group Incorporated	N	
		91529	52-1996029				Unimerica Insurance Company	WI	IA	OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		0707	UnitedHealth Group Incorporated				Unimerica Life Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
		11596	01-0637149				Unison Administrative Services, LLC	PA	NIA	Three Rivers Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	25-1877716										UnitedHealth Group Incorporated	N	
		00000	20-5917714				Unison Health Plan of Delaware, Inc.	DE	IA	Three Rivers Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		0707	UnitedHealth Group Incorporated				Unison Health Plan of the Capital Area, Inc.	DC	IA	Three Rivers Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		13032	26-0651931				United Behavioral Health	CA	NIA	OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	94-2649097										UnitedHealth Group Incorporated	N	

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52.16		00000	41-1868911				United Behavioral Health of New York, I.P.A., Inc.	NY	NIA	United Behavioral Health	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1941615				United Health Foundation	MN	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1289245	003410132			United HealthCare Services, Inc.	MN	UIP	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	30-0318238				United Resource Networks IPA of New York, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	01-0538317				UnitedHealth Advisors, LLC	ME	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1097761				UnitedHealth Group Global Healthcare Services Limited	IRL	NIA	Optum Global Solutions International B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1097776				UnitedHealth Group Global Services, Inc.	PHL	NIA	Optum Global Solutions International B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	0000001
		00000	41-1321939		0000731766	New York Stock Exchange	UnitedHealth Group Incorporated	DE	UIP	Optum Global Solutions International B.V.	Ownership	99.4	UnitedHealth Group Incorporated	N	
		00000	98-1093259				UnitedHealth Group Information Services Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.6	UnitedHealth Group Incorporated	N	
		00000	98-1079826				UnitedHealth Group International GP	CYM	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1080118				UnitedHealth Group International L.P.	CYM	NIA	UnitedHealth Group International GP	Ownership	85.0	UnitedHealth Group Incorporated	N	0000007
		00000	98-1080118				UnitedHealth Group International L.P.	CYM	NIA	FMG Holdings, LLC	Ownership	14.8	UnitedHealth Group Incorporated	N	0000007
		00000	98-1080118				UnitedHealth Group International L.P.	CYM	NIA	Hygeia Corporation	Ownership	0.2	UnitedHealth Group Incorporated	N	0000007
		00000	46-3311984				UnitedHealth Group Ventures, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1917398				UnitedHealth International, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-2574977				UnitedHealth Military & Veterans Services, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-0559902				UnitedHealth UK Limited	GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707	UnitedHealth Group Incorporated	95174	33-0115163			UnitedHealthcare Benefits of Texas, Inc.	TX	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	47-3221444			UnitedHealthcare Benefits Plan of California	CA	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
			00000	46-4348775			UnitedHealthcare Community Plan of California, Inc.	CA	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707	UnitedHealth Group Incorporated	13168	26-2688274			UnitedHealthcare Community Plan of Georgia, Inc.	GA	IA	AmeriChoice Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707	UnitedHealth Group Incorporated	12323	56-2451429			UnitedHealthcare Community Plan of Ohio, Inc.	OH	IA	Three Rivers Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707	UnitedHealth Group Incorporated	11141	91-2008361			UnitedHealthcare Community Plan of Texas, L.L.C.	TX	IA	Ovations, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
	0707	UnitedHealth Group Incorporated	95467	38-3204052			UnitedHealthcare Community Plan, Inc.	MI	IA	AmeriChoice Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	

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52.17	UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated	00000	98-1200034				UnitedHealthcare Consulting & Assistance Service (Beijing) Co., Ltd.	CHN	NIA	UnitedHealthcare International I B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1199879				UnitedHealthcare Europe S.á.r.l.	LUX	NIA	UnitedHealthcare International V S.á.r.l.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1099116				UnitedHealthcare India Private Limited	IND	NIA	UnitedHealthcare International II B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1099116				UnitedHealthcare India Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.0	UnitedHealth Group Incorporated	N	
		79413	36-2739571				UnitedHealthcare Insurance Company	CT	IA	UHC Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		60318	36-3800349				UnitedHealthcare Insurance Company of Illinois	IL	IA	UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
		60093	11-3283886				UnitedHealthcare Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
		12231	20-1902768				UnitedHealthcare Insurance Company of the River Valley	IL	IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	86-0618309				UnitedHealthcare Integrated Services, Inc.	AZ	IA	Ovations, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1988797				UnitedHealthcare International Asia, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1100512				UnitedHealthcare International I B.V.	NLD	NIA	UnitedHealth Group International L.P.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1079595				UnitedHealthcare International I S.á.r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1100980				UnitedHealthcare International II B.V.	NLD	NIA	UnitedHealthcare International I B.V.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1079459				UnitedHealthcare International II S.á.r.l.	LUX	NIA	UnitedHealthcare International I S.á.r.l.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1077436				UnitedHealthcare International III S.á.r.l.	LUX	NIA	UnitedHealthcare International IV S.á.r.l.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1080926				UnitedHealthcare International IV S.á.r.l.	LUX	NIA	UnitedHealthcare International II S.á.r.l.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1257473				UnitedHealthcare International V S.á.r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		97179	86-0207231				UnitedHealthcare Life Insurance Company	WI	IA	Golden Rule Financial Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95784	63-0899562				UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		96016	86-0507074				UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95446	63-1036819				UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95090	84-1004639				UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95264	59-1293865				UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		95850	58-1653544				UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

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52.18	0707 .. UnitedHealth Group Incorporated	95776	36-3280214	UnitedHealthcare of Illinois, Inc. IL IA ...	UnitedHealthcare, Inc.	Ownership 100.0	UnitedHealth Group Incorporated N
	0707 .. UnitedHealth Group Incorporated	96644	62-1240316	.....	.....	.....	UnitedHealthcare of Kentucky, Ltd. ....	.. KY ..	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 94.2	UnitedHealth Group Incorporated .....	..... N	0000006
	0707 .. UnitedHealth Group Incorporated	96644	62-1240316	.....	.....	.....	UnitedHealthcare of Kentucky, Ltd. ....	.. KY ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 5.8	UnitedHealth Group Incorporated .....	..... N	0000006
	0707 .. UnitedHealth Group Incorporated	95833	72-1074008	.....	.....	.....	UnitedHealthcare of Louisiana, Inc. ....	.. LA ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95716	63-1036817	.....	.....	.....	UnitedHealthcare of Mississippi, Inc. ....	.. MS ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95149	05-0413469	.....	.....	.....	UnitedHealthcare of New England, Inc. ....	.. RI ..	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	13214	26-2697886	.....	.....	.....	UnitedHealthcare of New Mexico, Inc. ....	.. NM ..	... IA ...	UnitedHealthcare Insurance Company	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95085	06-1172891	.....	.....	.....	UnitedHealthcare of New York, Inc. ....	.. NY ..	... IA ...	AmeriChoice Corporation	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95103	56-1461010	.....	.....	.....	UnitedHealthcare of North Carolina, Inc. ....	.. NC ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95186	31-1142815	.....	.....	.....	UnitedHealthcare of Ohio, Inc. ....	.. OH ..	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	96903	33-0115166	.....	.....	.....	UnitedHealthcare of Oklahoma, Inc. ....	.. OK ..	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95893	93-0938819	.....	.....	.....	UnitedHealthcare of Oregon, Inc. ....	.. OR ..	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95220	25-1756858	.....	.....	.....	UnitedHealthcare of Pennsylvania, Inc. ....	.. PA ..	... IA ...	Three Rivers Holdings, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95765	95-3939697	.....	.....	.....	UnitedHealthcare of Texas, Inc. ....	.. TX ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95025	52-1130183	.....	.....	.....	UnitedHealthcare of the Mid-Atlantic, Inc. ....	.. MD ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95591	47-0676824	.....	.....	.....	UnitedHealthcare of the Midlands, Inc. ....	.. NE ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	96385	43-1361841	.....	.....	.....	UnitedHealthcare of the Midwest, Inc. ....	.. MO ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95501	41-1488563	.....	.....	.....	UnitedHealthcare of Utah, Inc. ....	.. UT ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	48038	91-1312551	.....	.....	.....	UnitedHealthcare of Washington, Inc. ....	.. WA ..	... IA ...	United HealthCare Services, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95710	39-1555888	.....	.....	.....	UnitedHealthcare of Wisconsin, Inc. ....	.. WI ..	... IA ...	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	0707 .. UnitedHealth Group Incorporated	95378	36-3379945	.....	.....	.....	UnitedHealthcare Plan of the River Valley, Inc. ....	.. IL ..	... IA ...	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	.....	00000	47-0854646	.....	.....	.....	UnitedHealthcare Service LLC .....	.. DE ..	... NIA ..	UnitedHealthcare Insurance Company	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	.....	00000	36-3355110	.....	.....	.....	UnitedHealthcare Services Company of the River Valley, Inc. ....	.. DE ..	... NIA ..	UnitedHealthcare, Inc.	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	.....	00000	01-0518346	.....	.....	.....	UnitedHealthcare Specialty Benefits, LLC .....	.. ME ..	... NIA ..	Specialty Benefits, LLC	Ownership .....	..... 100.0	UnitedHealth Group Incorporated .....	..... N ....	.....
	00000	41-1922511	UnitedHealthcare, Inc. DE NIA ..	United HealthCare Services, Inc.	Ownership 100.0	UnitedHealth Group Incorporated N

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		00000	26-0382877				Urgent Care Holdings, Inc.	DE	NIA	Optum Clinics Intermediate Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	26-3667220				Urgent Care MSO, LLC	DE	NIA	Urgent Care Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	87-0757396				Valley Physicians Network, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	74-2797745				WellMed Medical Management of Florida, Inc.	FL	NIA	WellMed Medical Management, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	74-2786364				WellMed Medical Management, Inc.	TX	NIA	Collaborative Care Holdings, LLC	Ownership	80.0	UnitedHealth Group Incorporated	N	0000001
		00000	45-0636596				WESTMED Practice Partners LLC ..	DE	NIA	Collaborative Care Holdings, LLC	Ownership	86.2	UnitedHealth Group Incorporated	N	0000001
		00000	52-2102846				XLHealth Corporation	MD	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1107695				XLHealth Corporation India Private Limited	IND	NIA	XLHealth Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	11-3764012				Your Health Options Insurance Services, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	27-0172594				Your Partner in Health Services, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

Asterisk	Explanation
0000001	The remaining percentage is owned by outside party(ies), external shareholder(s), external investors
0000002	The remaining percentage is owned by former controlling shareholders of the parent company.
0000003	The remaining 50% is owned by 28 individual partners.
0000004	The remaining 0.759041% owned by external shareholders and 0.034900% owned by Treasury Shares.
0000005	The remaining percentage is owned by officer(s) and/or director(s) of the legal entity or its parent
0000006	The general partnership interest of 89.77% is held by United HealthCare Services, Inc. (UHS) and 10.
0000007	UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
					NONE							
9999999 Control Totals	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
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 the state of domicile and the NAIC by April 1?	Yes
8. Will the Supplemental Investment Risks 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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes
The following supplemental reports are required to be filed as part of your annual 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 it 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?	No
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?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	Yes
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	No
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	No
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	No
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	No
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	No
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	No
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	No
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	No
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	No
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	No
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	No
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	No
29. Will the Actuarial Certification 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?	No
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?	No
APRIL FILING	
41. Will the Long-Term Care Experience Reporting Forms be file with the state of domicile and the NAIC by April 1?	No
42. Will the Interest Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	No
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?	No
45. Will the Analysis of Annuity Operations by Line of Business be filed with the state of domicile and the NAIC by April 1?	No
46. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	No
47. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No

48. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	No
49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	No
50. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	No

AUGUST FILING

51. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No
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Explanations:

Bar Codes:

Schedule SIS



Medicare Supplement Insurance Experience Exhibit



Trusteed Surplus Statement



Actuarial Opinion on Participating and Non-Participating Policies



Actuarial Opinion on X-Factors



Separate Accounts Funding Guaranteed Minimum Benefits Actuarial Opinion



Synthetic Guaranteed Investment Contracts Actuarial Opinion



Reasonableness 1 - Assumptions



Reasonableness 2 - Consistency



Reasonableness 3 - Implied Guarantee



Reasonableness 4 - Ave. Market Value



Reasonableness 5 - Market Value



C-3 RBC Certifications required under C-3 Phase I



C-3 RBC Certifications required under C-3 Phase II



Actuarial Cert. related to Annuity Nonforfeiture Ongoing Compliance



Actuarial Opinon required by the Modified Guaranteed Annuity Model Reg



Act Cert Rel to Hedging req by Actuarial Guideline XLIII



Fin Off Cert Rel to Clearly Def Hedging Strat req by Act Guid XLIII



Mgt Cert That the Val Reflects Mgt's Intent req by Act Guid XLIII



Act Cert Related to the Reserves required by Actuarial Guideline XLIII



Actuarial Certification regarding the use of 2001 Preferred Class Tables



Worker's Compensation Carve-out Supplement



Supplemental Schedule O



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



Regulatory Asset Adequacy Issues Summary (RAAIS)



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



69647201630600000 2016 Document Code: 306

Interest Sensitive Life Insurance Products Report



69647201628000000 2016 Document Code: 280

Credit Insurance Exhibit



69647201623000000 2016 Document Code: 230

Accident and Health Policy Experience Exhibit



69647201621000000 2016 Document Code: 210

Analysis of Annuity Operations by Lines of Business



69647201651000000 2016 Document Code: 510

Analysis of Increase in Annuity Reserves During the Year



69647201651500000 2016 Document Code: 515

Supplemental Health Care Exhibit



69647201621600000 2016 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



69647201621700000 2016 Document Code: 217

Actuarial Memo. req. by Actuarial Guideline XXXVIII 8D



69647201643500000 2016 Document Code: 435

Supplemental XXX/AXXX Reinsurance Exhibit



69647201634500000 2016 Document Code: 345

Management's Report of Internal Control over Financial Reporting



69647201622300000 2016 Document Code: 223

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