



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 (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)		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

<u>Name</u>	<u>Title</u>
Mark Alan Thierer	Chairman & Chief Executive Officer
Timothy Alan Wicks	President
Jeffrey David Grosklags	Chief Financial Officer
Robert Worth Obberender	Treasurer

## OTHERS

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## **DIRECTORS OR TRUSTEES**

Mark Alan Thierer  
Jeffrey David Grosklags  
Vacant

Timothy Alan Wicks  
Vacant

State of Illinois  
County of Cook

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)  
Mark Alan Thierer  
(Printed Name)  
1.  
Chairman & Chief Executive Officer  
(Title)

(Signature)  
Jeffrey David Grosklags  
(Printed Name)  
2.  
Chief Financial Officer  
(Title)

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(Signature)  
Vacant  

---

(Printed Name)  
3.  
Vacant  

---

(Title)

Subscribed and sworn to before me this  
day of \_\_\_\_\_, 2017

- a. Is this an original filing?
- b. If no,
  - 1. State the amendment number
  - 2. Date filed
  - 3. Number of pages attached

Yes[X] No[ ]

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(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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		4,520						4,520							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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							
<b>DETAILS OF WRITE-INS</b>															
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		1 Ordinary	2	3 Credit Life (Group and Individual)	4	5 Group	6	7 Industrial	8	Total					
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX								
4. Other considerations .....											
5. TOTALS (sum of Lines 1 to 4) .....											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
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) .....											
<b>Annuities:</b>											
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) .....											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
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 .....											
<b>DETAILS OF WRITE-INS</b>											
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		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 .....											
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) .....											
<b>POLICY EXHIBIT</b>							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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		29,431						29,431							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		78,278						78,278							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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							
		1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX			
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) .....							

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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 .....	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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		5,166						5,166							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		3,773						3,773							
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....	14	765,888		(a) .....						14	765,888				
21. Issued during year .....															
22. Other changes to in force (Net) .....	(1)	(4,986)								(1)	(4,986)				
23. In force December 31 of current year .....	13	760,902		(a) .....						13	760,902				

(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.

Includes Group Credit Life Insurance 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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## DIRECT BUSINESS IN THE STATE OF CONNECTICUT

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 .....		5,410						5,410							
2. Annuity considerations .....															
3. Deposit-type contract funds .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		5,410						5,410							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		73,279						73,279							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		150						150							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		18,201						18,201							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		1	100,000							1	100,000				
21. Issued during year .....		(1)	(100,000)							(1)	(100,000)				
22. Other changes to in force (Net) .....															
23. In force December 31 of current year .....															

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX								
4. Other considerations .....											
5. TOTALS (sum of Lines 1 to 4) .....											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
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) .....											
<b>Annuities:</b>											
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) .....											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
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 .....											
<b>DETAILS OF WRITE-INS</b>											
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 .....											
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) .....											
<b>POLICY EXHIBIT</b>							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 products .....0 and number of persons insured under indemnity only products .....0.



2016

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## 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 .....			XXX			
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 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		9,992						9,992							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		689						689							
15. TOTALS .....		689													
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		31	1,422,088							31	1,422,088				
21. Issued during year .....															
22. Other changes to in force (Net) .....		(1)	(109,278)							(1)	(109,278)				
23. In force December 31 of current year .....		30	1,312,809							30	1,312,809				

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		2,330						2,330							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		3,037						3,037							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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		1 Ordinary	2	3 Credit Life (Group and Individual)	4	5 Group	6	7 Industrial	8	9	10				
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		3	164,391	(a)						3	164,391				
21. Issued during year .....															
22. Other changes to in force (Net) .....		(1)	(49,898)							(1)	(49,898)				
23. In force December 31 of current year .....		2	114,493	(a)						2	114,493				

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....							
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX			XXX									
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		1,071						1,071							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		27,680						27,680							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX			
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) .....							

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX			
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 .....		267,162							267,162
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....				XXX				XXX													
4. Other considerations .....																					
5. TOTALS (sum of Lines 1 to 4) .....		4,621								4,621											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>																					
<b>Life Insurance:</b>																					
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) .....																					
<b>Annuities:</b>																					
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) .....																					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>																					
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 .....																					
<b>DETAILS OF WRITE-INS</b>																					
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount										
16. Unpaid December 31, prior year .....																					
17. Incurred 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) .....																					
<b>POLICY EXHIBIT</b>																					
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																			
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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			
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 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

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## 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 .....			XXX			
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) .....								

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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) .....	363	363			
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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX			
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) .....									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
20. In force December 31, prior year .....	58	1,461,131		(a) .....					58	1,461,131
21. Issued during year .....										
22. Other changes to in force (Net) .....	(4)	(90,142)							(4)	(90,142)
23. In force December 31 of current year .....	54	1,370,989		(a) .....					54	1,370,989

(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 products .....0 and number of persons insured under indemnity only products .....0.



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Document Code: 430

## 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 .....				XXX				XXX									
4. Other considerations .....																	
5. TOTALS (sum of Lines 1 to 4) .....																	
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>																	
<b>Life Insurance:</b>																	
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) .....																	
<b>Annuities:</b>																	
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) .....																	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>																	
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 .....																	
<b>DETAILS OF WRITE-INS</b>																	
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	2	Credit Life (Group and Individual)	4	Group	6	Industrial	Total								
		1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount						
16. Unpaid December 31, prior year .....																	
17. Incurred during current year .....																	
18.1 Settled during current year: 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) .....																	
<b>POLICY EXHIBIT</b>																	
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) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	19,505						
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 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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		1,600						1,600							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		520						520							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		1	63,477	(a)						1	63,477				
21. Issued during year .....															
22. Other changes to in force (Net) .....															
23. In force December 31 of current year .....		1	63,477	(a)						1	63,477				

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



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## 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 .....			XXX			
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 .....		47,718						47,718
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		1,717						1,717							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		245,052						245,052							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		12	283,502	(a) .....						12	283,502				
21. Issued during year .....															
22. Other changes to in force (Net) .....		(1)	(24,874)							(1)	(24,874)				
23. In force December 31 of current year .....		11	258,628	(a) .....						11	258,628				

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



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## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		4,907						4,907							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		348						348							
15. TOTALS .....		348													
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		8	459,545	(a) .....						8	459,545				
21. Issued during year .....															
22. Other changes to in force (Net) .....		(1)	(29,939)							(1)	(29,939)				
23. In force December 31 of current year .....		7	429,606	(a) .....						7	429,606				

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX			
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 .....		2,490							2,490
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
20. In force December 31, prior year .....	3	225,000	(a)						3	225,000
21. Issued during year .....										
22. Other changes to in force (Net) .....	(1)	(100,049)							(1)	(100,049)
23. In force December 31 of current year .....	2	124,951	(a)						2	124,951

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal 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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		264						264							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		1,419						1,419							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX			
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 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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 products .....0 and number of persons insured under indemnity only products .....0.



## 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													
2. Annuity considerations .....															
3. Deposit-type contract funds .....			XXX												
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		524													
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		2	112,364		(a) .....					2	112,364				
21. Issued during year .....															
22. Other changes to in force (Net) .....			769								769				
23. In force December 31 of current year .....		2	113,133		(a) .....					2	113,133				

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		208						208							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....			3,194					3,194							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		1,876						1,876							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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							
		1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount						
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		8	324,250	(a) .....				8							
21. Issued during year .....															
22. Other changes to in force (Net) .....								8							
23. In force December 31 of current year .....		8	324,250	(a) .....				8							

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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													
2. Annuity considerations .....															
3. Deposit-type contract funds .....			XXX												
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		953													
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		1	22,396	(a) .....						1	22,396				
21. Issued during year .....															
22. Other changes to in force (Net) .....															
23. In force December 31 of current year .....		1	22,396	(a) .....						1	22,396				

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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			
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) .....							

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		600						600							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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) .....										2	41,008				
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 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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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		249,156							
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 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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) .....	746	746			
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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		612						612							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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							
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		4	351,470	(a) .....						4	351,470				
21. Issued during year .....															
22. Other changes to in force (Net) .....		(2)	(200,000)							(2)	(200,000)				
23. In force December 31 of current year .....		2	151,470	(a) .....						2	151,470				

(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.

Includes Group Credit Life Insurance 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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		2,332						2,332							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		2,857						2,857							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		1,004						1,004							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		9	113,197	(a)						9	113,197				
21. Issued during year .....															
22. Other changes to in force (Net) .....			(10,653)								(10,653)				
23. In force December 31 of current year .....		9	102,544	(a)						9	102,544				

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX								
4. Other considerations .....											
5. TOTALS (sum of Lines 1 to 4) .....											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
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) .....											
<b>Annuities:</b>											
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) .....											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
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 .....											
<b>DETAILS OF WRITE-INS</b>											
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 .....											
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) .....											
<b>POLICY EXHIBIT</b>							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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		6,503						6,503							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		1,743						1,743							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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		1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount						
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		14	296,951	(a) .....				14							
21. Issued during year .....															
22. Other changes to in force (Net) .....		(1)	(8,976)					(1)							
23. In force December 31 of current year .....		13	287,975	(a) .....				13							

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		746						746							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		26,240						26,240							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		2,623						2,623							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....	18	792,255		(a) .....						18	792,255				
21. Issued during year .....	1	26,179								1	26,179				
22. Other changes to in force (Net) .....	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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX			XXX									
3. Deposit-type contract funds .....															
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		24,932						24,932							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		12,605						12,605							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount						
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		60	4,586,282	(a)					60						
21. Issued during year .....															
22. Other changes to in force (Net) .....		(3)	(1,488,585)						(3)						
23. In force December 31 of current year .....		57	3,097,698	(a)					57						

(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX			XXX									
3. Deposit-type contract funds .....															
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		720						720							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		1,152						1,152							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred 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) .....															
<b>POLICY EXHIBIT</b>															
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.

Includes Group Credit Life Insurance 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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## DIRECT BUSINESS IN THE STATE OF VERNONT

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 .....			XXX								
4. Other considerations .....											
5. TOTALS (sum of Lines 1 to 4) .....											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
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) .....											
<b>Annuities:</b>											
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) .....											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
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 .....											
<b>DETAILS OF WRITE-INS</b>											
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		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 .....											
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) .....											
<b>POLICY EXHIBIT</b>							No. of Policies				
20. In force December 31, prior year .....				(a)							
21. Issued during year .....											
22. Other changes to in force (Net) .....				(a)							
23. In force December 31 of current year .....											

(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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....		32,134							32,134
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## 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 .....			XXX			XXX									
3. Deposit-type contract funds .....															
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		2,186						2,186							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		94,424						94,424							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## DIRECT BUSINESS IN THE STATE OF WEST 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 .....		4,503						4,503							
2. Annuity considerations .....															
3. Deposit-type contract funds .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		4,503						4,503							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....		1,063						1,063							
15. TOTALS .....															
<b>DETAILS OF WRITE-INS</b>															
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		1 Ordinary	2	3 Credit Life (Group and Individual)	4	5 Group	6	7 Industrial	8	9	10				
		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....		10	555,097	(a)						10	555,097				
21. Issued during year .....			60								60				
22. Other changes to in force (Net) .....				(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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX					XXX							
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		3,506						3,506							
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
9. Death benefits .....															
10. Matured endowments .....															
11. Annuity benefits .....															
12. Surrender values and withdrawals for life contracts .....		30													
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....															
14. All other benefits, except accident and health .....		30													
15. TOTALS .....		30						30							
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
20. In force December 31, prior year .....	14	615,141		(a) .....						14	615,141				
21. Issued during year .....		(2)	(45,635)							(2)	(45,635)				
22. Other changes to in force (Net) .....		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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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 .....			XXX								
4. Other considerations .....											
5. TOTALS (sum of Lines 1 to 4) .....											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
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) .....											
<b>Annuities:</b>											
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) .....											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
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 .....											
<b>DETAILS OF WRITE-INS</b>											
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 .....											
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) .....											
<b>POLICY EXHIBIT</b>							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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



## 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													
2. Annuity considerations .....															
3. Deposit-type contract funds .....			XXX												
4. Other considerations .....															
5. TOTALS (sum of Lines 1 to 4) .....		78													
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>															
<b>Life Insurance:</b>															
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) .....															
<b>Annuities:</b>															
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) .....															
<b>DIRECT CLAIMS AND BENEFITS PAID</b>															
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 .....															
<b>DETAILS OF WRITE-INS</b>															
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. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount				
16. Unpaid December 31, prior year .....															
17. Incurred during current year .....															
18.1 Settled during current year: 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) .....															
<b>POLICY EXHIBIT</b>															
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-cancellable (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 products .....0 and number of persons insured under indemnity only products .....0.



2016

Document Code: 430

## DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

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 .....		773,039				773,039
2. Annuity considerations .....		52,277				52,277
3. Deposit-type contract funds .....			XXX			
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) .....							

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	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										
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) .....		1,109	1,109		
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 products .....0 and number of persons insured under indemnity only products .....0.

# FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

## INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year .....	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

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Columns 1 + 2 + 3)
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 Other than Mortgage Loans	2 Mortgage Loans	3 Total (Columns 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Columns 4 + 5)	
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 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)
<b>LONG-TERM BONDS</b>												
1.	1	Exempt Obligations	2,237,995	XXX	XXX	2,237,995	0.0000		0.0000		0.0000	
2.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
3.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
4.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
5.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
6.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
7.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
8.		TOTAL Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		TOTAL Bonds (Sum of Lines 1 through 8)	2,237,995	XXX	XXX	2,237,995	XXX		XXX		XXX	
<b>PREFERRED STOCKS</b>												
10.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		TOTAL Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	
<b>SHORT-TERM BONDS</b>												
18.	1	Exempt Obligations	690,126	XXX	XXX	690,126	0.0000		0.0000		0.0000	
19.	1	Highest Quality	600,875	XXX	XXX	600,875	0.0004	240	0.0023	1,382	0.0030	
20.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25.		TOTAL Short-term Bonds (Sum of Lines 18 through 24)	1,291,001	XXX	XXX	1,291,001	XXX	240	XXX	1,382	XXX	
<b>DERIVATIVE INSTRUMENTS</b>												
26.		Exchange Traded		XXX	XXX		0.0004		0.0023		0.0030	
27.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
28.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33.		TOTAL Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		TOTAL (Lines 9 + 17 + 25 + 33)	3,528,996	XXX	XXX	3,528,996	XXX	240	XXX	1,382	XXX	

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (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)
<b>MORTGAGE LOANS</b>												
35.		In Good Standing:			XXX		0.0010		0.0050		0.0065	
36.		Farm Mortgages - CMI - highest quality			XXX		0.0035		0.0100		0.0130	
37.		Farm Mortgages - CM2 - high quality			XXX		0.0060		0.0175		0.0225	
38.		Farm Mortgages - CM3 - medium quality			XXX		0.0105		0.0300		0.0375	
39.		Farm Mortgages - CM4 - low medium quality			XXX		0.0160		0.0425		0.0550	
40.		Farm Mortgages - CM5 - low quality			XXX		0.0003		0.0006		0.0010	
41.		Residential Mortgages - Insured or Guaranteed			XXX							
42.		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
43.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
44.		Commercial Mortgages - All Other - CM1 - highest quality			XXX		0.0010		0.0050		0.0065	
45.		Commercial Mortgages - All Other - CM2 - high quality			XXX		0.0035		0.0100		0.0130	
46.		Commercial Mortgages - All Other - CM3 - medium quality			XXX		0.0060		0.0175		0.0225	
47.		Commercial Mortgages - All Other - CM4 - low medium quality			XXX		0.0105		0.0300		0.0375	
		Commercial Mortgages - All Other - CM5 - low quality			XXX		0.0160		0.0425		0.0550	
Overdue, Not in Process:												
48.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
49.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
50.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
51.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
52.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
53.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
54.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
55.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
56.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
57.		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
58.		TOTAL Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	
59.		Schedule DA Mortgages			XXX		0.0030		0.0100		0.0130	
60.		TOTAL Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

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

Line Number	NAIC Design- ation	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)
<b>COMMON STOCK</b>												
1.		Unaffiliated Public		XXX	XXX		0.0000		(a)		(a)	
2.		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0050		0.0080	
4.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
5.		Affiliated Investment Subsidiary:										
6.		Fixed Income Exempt Obligations					XXX		XXX		XXX	
7.		Fixed Income Highest Quality					XXX		XXX		XXX	
8.		Fixed Income High Quality					XXX		XXX		XXX	
9.		Fixed Income Medium Quality					XXX		XXX		XXX	
10.		Fixed Income Low Quality					XXX		XXX		XXX	
11.		Fixed Income Lower Quality					XXX		XXX		XXX	
12.		Fixed Income In or Near Default					XXX		XXX		XXX	
13.		Unaffiliated Common Stock Public					0.0000		(a)		(a)	
14.		Unaffiliated Common Stock Private					0.0000		0.1600		0.1600	
15.		Real Estate					(b)		(b)		(b)	
16.		Affiliated-Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
17.		Affiliated-All Other		XXX	XXX		0.0000		0.1600		0.1600	
		TOTAL Common Stock (Sum of Lines 1 through 16)					XXX		XXX		XXX	
<b>REAL ESTATE</b>												
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)					XXX		XXX		XXX	
<b>OTHER INVESTED ASSETS</b>												
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS</b>												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
24.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
25.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
26.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
27.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
28.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
29.		TOTAL with Bond characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

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

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

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

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

<b>36 Schedule F</b> .....	<b>NONE</b>
<b>37 Schedule H Part 1 A &amp; H Exhibit</b> .....	<b>NONE</b>
<b>38 Schedule H Parts 2, 3 &amp; 4 - A &amp; H Exh Cont</b> .....	<b>NONE</b>
<b>39 Schedule H Part 5 Health Claims</b> .....	<b>NONE</b>
<b>40 Schedule S - Part 1 - Section 1</b> .....	<b>NONE</b>
<b>41 Schedule S - Part 1 - Section 2</b> .....	<b>NONE</b>

**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
<b>Life and Annuity - Non-Affiliates - U.S. Non-Affiliates</b>						
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		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>														
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 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 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
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
<b>A. OPERATIONS ITEMS:</b>					
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>B. BALANCE SHEET ITEMS</b>					
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 .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(Deposits By and Funds Withheld From)</b>					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(Deposits By and Funds Withheld From)</b>					
22. Multiple Beneficiary Trust .....					
23. Funds deposited by and withheld from (F) .....					
24. Letters of credit (L) .....					
25. Trust agreements (T) .....					
26. Other (O) .....					

**SCHEDULE S - PART 7****Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Column 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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**

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL) .....	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 Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	98-1258208			1031387 B.C. Unlimited Liability Company		CAN	UIP	OptumRx Group Holdings, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	27-2624551			310 Canyon Medical, LLC		CA	NIA	Monarch Management Services, Inc.	Ownership	100.0	Incorporated		
		00000	02-0653265			Access I.V., LLC		CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.0	UnitedHealth Group		
		00000	41-1913523			ACN Group IPA of New York, Inc.		NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	27-0015861			ACN Group of California, Inc.		CA	IA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	11-3485985			Advanced Care Pharmacy, Inc.		NY	NIA	Advanced Care, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	11-2997132			Advanced Care, Inc.		NY	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	38-3849068			AHJV MSO, Inc.		DE	NIA	AHJV, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	38-3849066			AHJV, Inc.		DE	NIA	NAMM Holdings, Inc.	Ownership	75.0	UnitedHealth Group		
		00000	22-3493126			Alere Health Improvement Company		DE	NIA	Alere Health, LLC	Ownership	100.0	UnitedHealth Group		
		00000	26-2564744			Alere Health, LLC		DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	Incorporated		
		00000	58-2068880			Alere Healthcare of Illinois, Inc.		GA	NIA	Alere Women's and Children's Health, LLC	Ownership	100.0	UnitedHealth Group		
		00000	58-1873062			Alere of New York, Inc.		NY	NIA	Alere Women's and Children's Health, LLC	Ownership	100.0	Incorporated		
		00000	02-0231080			Alere Wellbeing, Inc.		DE	NIA	Alere Health, LLC	Ownership	100.0	UnitedHealth Group		
		00000	54-1776557			Alere Wellology, Inc.		DE	NIA	Alere Health, LLC	Ownership	100.0	Incorporated		
		00000	58-2205984			Alere Women's and Children's Health, LLC		DE	NIA	Alere Health, LLC	Ownership	100.0	UnitedHealth Group		
52		82406	35-1665915			All Savers Insurance Company		IN	IA	Golden Rule Financial Corporation	Ownership	100.0	Incorporated		
0707	UnitedHealth Group Incorporated	73130	35-1744596			All Savers Life Insurance Company of California		CA	IA	Golden Rule Financial Corporation	Ownership	100.0	UnitedHealth Group		
0707	UnitedHealth Group Incorporated	00000	55-0802777			Ambient Healthcare of Central Florida, Inc.		FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	Incorporated		
		00000	55-0802779			Ambient Healthcare of Georgia, Inc.		GA	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	20-4881413			Ambient Healthcare of Northeast Florida, Inc.		FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	Incorporated		
		00000	33-1012700			Ambient Healthcare of S. Florida, Inc.		FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	55-0802774			Ambient Healthcare of West Florida, Inc.		FL	NIA	Ambient Healthcare, Inc.	Ownership	100.0	Incorporated		
		00000	65-1095227			Ambient Healthcare, Inc.		FL	NIA	Ambient Holdings, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	45-2161438			Ambient Holdings, Inc.		DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	Incorporated		

**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
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		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	
0707	UnitedHealth Group Incorporated	13178	26-2481299			AmeriChoice of Connecticut, Inc.	CT	IA	AmeriChoice Corporation	Ownership	100.0	UnitedHealth Group Incorporated		N	
0707	UnitedHealth Group Incorporated	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.	BRA	LUX	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**

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52.2		00000	26-2565032			AxelaCare Health Solutions, LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated			
		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		
0707	UnitedHealth Group Incorporated	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**

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52.3	0707 UnitedHealth Group Incorporated	00000	47-1734077			Catamaran Home Delivery of Illinois, LLC		IL	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	UnitedHealth Group		
		00000	34-1472211			Catamaran Home Delivery of Ohio, Inc.		OH	NIA	First Rx Specialty & Mail Services, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	20-2719823			Catamaran Home Delivery of Texas, Inc.		TX	NIA	Catamaran Home Delivery of Florida, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	20-0212381			Catamaran Hospice Services, LLC		DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		69647	31-0628424			Catamaran Insurance of Ohio, Inc.		OH	RE	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	20-0218027			Catamaran IPA III, Inc.		NY	NIA	Catamaran PBM of Illinois II, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	75-2578509		0001600762	Catamaran LLC		TX	UIP	Catamaran Holdings I, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	27-4241298			Catamaran Mail, LLC		DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	27-3419292			Catamaran of Pennsylvania, LLC		DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	36-4049815			Catamaran PBM of Illinois II, Inc.		IL	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	11-2581812			Catamaran PBM of Illinois, Inc.		DE	NIA	Catamaran LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	88-0361447			Catamaran PBM of Maryland, Inc.		NV	UDP	Catamaran Health Solutions, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	03-0592263			Catamaran PBM of Pennsylvania, LLC		PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	26-1424534			Catamaran PBM of Puerto Rico, LLC		NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	38-3693753			Catamaran PBM Services, LLC		WI	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	61-1485410			Catamaran PD of Maryland, Inc.		NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	16-1767416			Catamaran PD of Pennsylvania, LLC		PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	26-1438879			Catamaran PD of Puerto Rico, LLC		NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	88-0373347			Catamaran Pharmacy of Nevada, Inc.		NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	26-3633484			Catamaran Rebate Management, Inc.		NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	98-1069737			Catamaran S.á.r.l.		NV	LUX	1031387 B.C. Unlimited Liability Company	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	26-0543382			Catamaran Senior Services, LLC		AL	NIA	Catamaran Hospice Services, LLC	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	98-1111491			Cemed Care - Empresa de Atendimento Clínico Geral Ltda.		BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.0	Incorporated	UnitedHealth Group	N
		00000	98-1111491			Cemed Care - Empresa de Atendimento Clínico Geral Ltda.		BRA	NIA	Amico Saúde Ltda.	Ownership	0.0	Incorporated	UnitedHealth Group	N
		00000				ChinaGate (Hong Kong) Limited		HKG	NIA	Optum, Inc.	Ownership	100.0	Incorporated	UnitedHealth Group	N

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

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52.4	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	Esco – 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	

**SCHEDULE Y**  
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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	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0707	UnitedHealth Group Incorporated	00000	52-2230470			FrontierMEDEX, Inc.	MN	NIA		FrontierMEDEX US, Inc.	Ownership	100.0	UnitedHealth Group Incorporated		
		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	
		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	
		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	
52.6		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	

**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
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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	Lusíadas, 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	Lusíadas, S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N	

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

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52.8	UnitedHealth Group Incorporated	00000	39-1974851			Logistics Health, Inc.	WI	NIA	OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated			
		00000	98-1139095			Lusíadas A.C.E.	PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	70.0	UnitedHealth Group Incorporated	N		
		00000	98-1139095			Lusíadas A.C.E.	PRT	NIA	Lusíadas, S.A.	Ownership	20.0	UnitedHealth Group Incorporated	N		
		00000	98-1139095			Lusíadas A.C.E.	PRT	NIA	Lusíadas-Parcerias Cascais, S.A.	Ownership	10.0	UnitedHealth Group Incorporated	N		
		00000	98-1139089			Lusíadas, S.A.	PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	98-1138570			Lusíadas, SGPS, S.A.	PRT	NIA	Amil International S.á.r.l.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	98-1137620			Lusíadas-Parcerias Cascais, S.A.	PRT	NIA	Lusíadas, 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		
		60321	52-1803283			MAMSI Life and Health Insurance Company	MD	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	14-1782475			Managed Physical Network, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
0707	UnitedHealth Group Incorporated	00000	42-1741594			MD Ops, Inc.	CA	NIA	North American Medical Management California, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		96310	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		
0707	UnitedHealth Group Incorporated	00000	20-2545363			MedExpress Urgent Care of Boynton Beach, LLC	FL	NIA	MedExpress Development, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N		
		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		
		12155	01-0788576			Medica HealthCare Plans, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	26-4808018			Medical Preparatory School of Allied Health, LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
0707	UnitedHealth Group Incorporated	00000	32-0037402			Medical Transportation Services, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	75-2682287			MedSynergies North Texas, Inc.	TX	NIA	MedSynergies, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	75-2515691			MedSynergies, Inc.	DE	NIA	Mustang Razorback Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	27-2252446			MHC Real Estate Holdings, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		00000	46-2881462			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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		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	
52.9	UnitedHealth Group Incorporated	95251	76-0196559			National Pacific Dental, Inc.		TX	IA	Dental Benefit Providers, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
	UnitedHealth Group Incorporated	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	
0707	UnitedHealth Group Incorporated	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	
		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	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	0000001
		00000	38-3969193			Optum Clinics Intermediate Holdings, Inc.		DE	NIA	Optum Clinics Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	98-1201187			Optum Global Solutions International B.V.		NLD	NIA	Optum Technology, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	

**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	

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

# 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- iliary Loca- tion	Relation- 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)	*
		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	
52.12	UnitedHealth Group Incorporated	78026	22-2797560			Oxford Health Insurance, Inc.	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group Incorporated		N	
0707	UnitedHealth Group Incorporated	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	
0707	UnitedHealth Group Incorporated	95479	06-1181200			Oxford Health Plans (NY), Inc.	NY	IA	Oxford Health Plans LLC	Ownership	100.0	UnitedHealth Group Incorporated		N	
		00000	52-2443751			Oxford Health Plans LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated		N	
0707	UnitedHealth Group Incorporated	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	
0707	UnitedHealth Group Incorporated	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	
0707	UnitedHealth Group Incorporated	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	

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

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52.13	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	0000001	
		00000	75-2741619			ppoONE, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		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	0000001	
		00000	33-0674407			PrimeCare of Corona, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N		
		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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52.14		00000				ProHealth Physicians, ACO, LLC.		NIA		ProHealth Physicians, Inc.	Ownership	100.0	UnitedHealth Group Incorporated		
		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	0000001
		00000	80-0947972			Real Appeal, Inc.		DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	98.0	UnitedHealth Group Incorporated	N	
		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	
0707	UnitedHealth Group Incorporated	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	

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

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52.15		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	56-1970224			SXC Comet, LLC	DE	NIA		Catamaran LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	25-1825549			The Lewin Group, Inc.	NC	NIA		Optum Public Sector Solutions, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	52-1431155			Three Rivers Holdings, Inc.	DE	NIA		AmeriChoice Corporation	Ownership	100.0	UnitedHealth Group Incorporated	N	
0		00000	20-4963945			Travel Express Incorporated	MD	NIA		FrontierMEDEX, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	94-3077084			Trinity Infusion, Inc.	NC	NIA		Ambient Healthcare, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
0707	UnitedHealth Group Incorporated	00000	41-1913059			U.S. Behavioral Health Plan, California	CA	IA		United Behavioral Health	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	95-2931460			UHC International Services, Inc.	DE	NIA		UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	41-1921008			UHC of California	CA	IA		United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	14-1892398			UHG Brasil Participações S.A.	BRA	NIA		Polar II Fundo de Investimento em Participações	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	39-1995276			UHIC Holdings, Inc.	DE	NIA		United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
0707	UnitedHealth Group Incorporated	91529	52-1996029			Ultima Rx, LLC	FL	NIA		United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		11596	01-0637149			UMR, Inc.	DE	NIA		United HealthCare Services, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	25-1877716			Unamerica Insurance Company	WI	IA		OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	20-5917714			Unamerica Life Insurance Company of New York	NY	IA		UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group Incorporated	N	
0707	UnitedHealth Group Incorporated	13032	26-0651931			Unison Administrative Services, LLC	PA	NIA		Three Rivers Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
		00000	94-2649097			Unison Health Plan of Delaware, Inc.	DE	IA		Three Rivers Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
						Unison Health Plan of the Capital Area, Inc.	DC	IA		Three Rivers Holdings, Inc.	Ownership	100.0	UnitedHealth Group Incorporated	N	
						United Behavioral Health	CA	NIA		OptumHealth Holdings, LLC	Ownership	100.0	UnitedHealth Group Incorporated	N	

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

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

**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)	*
		00000	98-1200034			UnitedHealthcare Consulting & Assistance Service (Beijing) Co., Ltd.	CHN LUX	NIA NIA	UnitedHealthcare International I B.V. UnitedHealthcare International V S.á.r.l.	Ownership Ownership	100.0 100.0	UnitedHealth Group			
		00000	98-1199879			UnitedHealthcare Europe S.á.r.l.							Incorporated		N
		00000	98-1099116			UnitedHealthcare India Private Limited	IND	NIA	UnitedHealthcare International II B.V.	Ownership	100.0	UnitedHealth Group			
		00000	98-1099116			UnitedHealthcare India Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	79413	36-2739571			UnitedHealthcare Insurance Company	CT	IA	UHIC Holdings, Inc.	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	60318	36-3800349			UnitedHealthcare Insurance Company of Illinois	IL	IA	UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	60093	11-3283886			UnitedHealthcare Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	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			
		00000	86-0618309			UnitedHealthcare Integrated Services, Inc.	AZ	IA	Ovations, Inc.	Ownership	100.0	UnitedHealth Group			
		00000	41-1988797			UnitedHealthcare International Asia, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.0	UnitedHealth Group			
		00000	98-1100512			UnitedHealthcare International I B.V.	NLD	NIA	UnitedHealth Group International L.P.	Ownership	100.0	UnitedHealth Group			
		00000	98-1079595			UnitedHealthcare International I S.á.r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.0	UnitedHealth Group			
		00000	98-1100980			UnitedHealthcare International II B.V.	NLD	NIA	UnitedHealthcare International I B.V.	Ownership	100.0	UnitedHealth Group			
		00000	98-1079459			UnitedHealthcare International II S.á.r.l.	LUX	NIA	UnitedHealthcare International I S.á.r.l.	Ownership	100.0	UnitedHealth Group			
		00000	98-1077436			UnitedHealthcare International III S.á.r.l.	LUX	NIA	UnitedHealthcare International IV S.á.r.l.	Ownership	100.0	UnitedHealth Group			
		00000	98-1080926			UnitedHealthcare International IV S.á.r.l.	LUX	NIA	UnitedHealthcare International II S.á.r.l.	Ownership	100.0	UnitedHealth Group			
		00000	98-1257473			UnitedHealthcare International V S.á.r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	97179	86-0207231			UnitedHealthcare Life Insurance Company	WI	IA	Golden Rule Financial Corporation	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	95784	63-0899562			UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	96016	86-0507074			UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	95446	63-1036819			UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	95090	84-1004639			UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	95264	59-1293865			UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group			
	0707 .. UnitedHealth Group Incorporated	95850	58-1653544			UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.0	UnitedHealth Group			

# 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	
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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. .... UnitedHealthcare of Mississippi, Inc. ....	LA .. MS ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95716	63-1036817	.....	.....	UnitedHealthcare of New England, Inc. ....	RI ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95149	05-0413469	.....	.....	UnitedHealthcare of New Mexico, Inc. ....	NM ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	13214	26-2697886	.....	.....	UnitedHealthcare of New York, Inc. .... UnitedHealthcare of North Carolina, Inc. ....	NY .. NC ..	UnitedHealthcare Insurance Company .. AmeriChoice Corporation ..	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95085	06-1172891	.....	.....	UnitedHealthcare of New York, Inc. .... UnitedHealthcare of North Carolina, Inc. ....	NY .. NC ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95103	56-1461010	.....	.....	UnitedHealthcare of Ohio, Inc. ....	OH ..	United HealthCare Services, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95186	31-1142815	.....	.....	UnitedHealthcare of Oklahoma, Inc. ....	OK ..	United HealthCare Services, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	96903	33-0115166	.....	.....	UnitedHealthcare of Oregon, Inc. .... UnitedHealthcare of Pennsylvania, Inc. ....	OR .. PA ..	United HealthCare Services, Inc. .... Three Rivers Holdings, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95893	93-0938819	.....	.....	UnitedHealthcare of Texas, Inc. .... UnitedHealthcare of the Mid-Atlantic, Inc. .... UnitedHealthcare of the Midlands, Inc. ....	TX .. MD .. NE ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95220	25-1756858	.....	.....	UnitedHealthcare of the Midwest, Inc. ....	MO ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95765	95-3939697	.....	.....	UnitedHealthcare of Utah, Inc. .... UnitedHealthcare of Washington, Inc. ....	UT .. WA ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95025	52-1130183	.....	.....	UnitedHealthcare of Wisconsin, Inc. .... UnitedHealthcare Plan of the River Valley, Inc. ....	WI .. IL ..	UnitedHealthcare, Inc. .... UnitedHealthcare Services Company of the River Valley, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....	
0707 ..	UnitedHealth Group Incorporated .....	95591	47-0676824	.....	.....	UnitedHealthcare Service LLC ....	DE ..	NIA ..	UnitedHealthcare Insurance Company ..	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....
0707 ..	UnitedHealth Group Incorporated .....	96385	43-1361841	.....	.....	UnitedHealthcare Services Company of the River Valley, Inc. ....	DE ..	NIA ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....
0707 ..	UnitedHealth Group Incorporated .....	95501	41-1488563	.....	.....	UnitedHealthcare Specialty Benefits, LLC ..	ME ..	NIA ..	Specialty Benefits, LLC ..	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....
0707 ..	UnitedHealth Group Incorporated .....	48038	91-1312551	.....	.....	UnitedHealthcare, Inc. ....	DE ..	NIA ..	United HealthCare Services, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....
0707 ..	UnitedHealth Group Incorporated .....	95710	39-1555888	.....	.....	UnitedHealthcare, 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 ..	.....
0707 ..	UnitedHealth Group Incorporated .....	00000	47-0854646	.....	.....	UnitedHealthcare Service LLC ....	DE ..	NIA ..	UnitedHealthcare Insurance Company ..	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....
0707 ..	UnitedHealth Group Incorporated .....	00000	36-3355110	.....	.....	UnitedHealthcare Services Company of the River Valley, Inc. ....	DE ..	NIA ..	UnitedHealthcare, Inc. ....	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....
0707 ..	UnitedHealth Group Incorporated .....	00000	01-0518346	.....	.....	UnitedHealthcare Specialty Benefits, LLC ..	ME ..	NIA ..	Specialty Benefits, LLC ..	.....	Ownership .....	.....	100.0	UnitedHealth Group Incorporated .....	N ..	.....
0707 ..	UnitedHealth Group Incorporated .....	00000	41-1922511	.....	.....	UnitedHealthcare, Inc. ....	DE ..	NIA ..	United HealthCare Services, 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	Relation- 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)	*
52.19		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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
						<b>N O N E</b>						
9999999 Control Totals .....									XXX			

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
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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 filed with the state of domicile and the NAIC by April 1?	No
42. Will the Interest Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	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

ANNUAL STATEMENT FOR THE YEAR **2016** OF THE **Optum Insurance of Ohio, Inc**

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?  
 49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?  
 50. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?

No  
No  
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

Explanations:

Bar Codes:

Schedule SIS



6964720164200000 2016 Document Code: 420

Medicare Supplement Insurance Experience Exhibit



6964720163600000 2016 Document Code: 360

Trusted Surplus Statement



6964720164900000 2016 Document Code: 490

Actuarial Opinion on Participating and Non-Participating Policies



69647201637100000 2016 Document Code: 371

Actuarial Opinion on X-Factors



69647201644200000 2016 Document Code: 442

Separate Accounts Funding Guaranteed Minimum Benefits Actuarial Opinion



69647201644300000 2016 Document Code: 443

Synthetic Guaranteed Investment Contracts Actuarial Opinion



69647201644400000 2016 Document Code: 444

Reasonableness 1 - Assumptions



69647201644500000 2016 Document Code: 445

Reasonableness 2 - Consistency



69647201644600000 2016 Document Code: 446

Reasonableness 3 - Implied Guarantee



69647201644700000 2016 Document Code: 447

Reasonableness 4 - Ave. Market Value



69647201644800000 2016 Document Code: 448

Reasonableness 5 - Market Value



69647201644900000 2016 Document Code: 449

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



69647201645000000 2016 Document Code: 450

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



69647201645100000 2016 Document Code: 451

Actuarial Cert. related to Annuity Nonforfeiture Ongoing Compliance



69647201645200000 2016 Document Code: 452

Actuarial Opinon required by the Modified Guaranteed Annuity Model Reg.



69647201645300000 2016 Document Code: 453

Act Cert Rel to Hedging req by Actuarial Guideline XLIII



69647201643600000 2016 Document Code: 436

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



69647201643700000 2016 Document Code: 437

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



69647201643800000 2016 Document Code: 438

Act Cert Related to the Reserves required by Actuarial Guideline XLIII



69647201643900000 2016 Document Code: 439

Actuarial Certification regarding the use of 2001 Preferred Class Tables



69647201645400000 2016 Document Code: 454

Worker's Compensation Carve-out Supplement



69647201649500000 2016 Document Code: 495

Supplemental Schedule O



69647201646500000 2016 Document Code: 465

Medicare Part D Coverage Supplement



69647201636500000 2016 Document Code: 365

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



69647201622400000 2016 Document Code: 224

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



69647201622500000 2016 Document Code: 225

Approval for Relief related to Require. for Audit Committees



69647201622600000 2016 Document Code: 226

Regulatory Asset Adequacy Issues Summary (RAAIS)



69647201643400000 2016 Document Code: 434

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



6964720163060000

2016

Document Code: 306

Interest Sensitive Life Insurance Products Report



6964720162800000

2016

Document Code: 280

Accident and Health Policy Experience Exhibit



6964720162100000

2016

Document Code: 210

Analysis of Annuity Operations by Lines of Business



6964720165100000

2016

Document Code: 510

Analysis of Increase in Annuity Reserves During the Year



6964720165150000

2016

Document Code: 515

Supplemental Health Care Exhibit



6964720162160000

2016

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



6964720162170000

2016

Document Code: 217

Supplemental XXX/AXXX Reinsurance Exhibit



6964720163450000

2016

Document Code: 345

Management's Report of Internal Control over Financial Reporting



6964720162230000

2016

Document Code: 223



# INDEX TO LIFE AND ACCIDENT AND HEALTH ANNUAL STATEMENT

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