



ANNUAL STATEMENT

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

American Retirement Life Insurance Company

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

NAIC Company Code..... 88366

Employer's ID Number..... 59-2760189

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... May 12, 1978

Commenced Business..... November 27, 1978

Statutory Home Office

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

Main Administrative Office

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

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

Mail Address

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

Primary Location of Books and Records

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

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

Internet Web Site Address

CignaSupplementalBenefits.com

Statutory Statement Contact

Renee Wilkins Feldman
(Name)
CSBFinRpt@cigna.com
(E-Mail Address)

(512) 531-1465
(Area Code) (Telephone Number) (Extension)
512-467-1399
(Fax Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

(Signature)
Brian Case Evanko

1. (Printed Name)
President

(Title)

(Signature)
Byron Keith Buescher

2. (Printed Name)
Treasuer and Chief Accounting Officer

(Title)

(Signature)
Anna Krishtul

3. (Printed Name)
Secretary

(Title)

Subscribed and sworn to before me

a. Is this an original filing? Yes [X] No []

This _____ day of February 2017

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	18,717	18,901		4,038	5,148
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).....	18,717	18,901	0	4,038	5,148
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,717	18,901	0	4,038	5,148

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,245				6,245
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,245	0	0	0	6,245
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,038				5,038
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,038	0	0	0	5,038

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		152							0	152
17. Incurred during current year.....	2	4,886							2	4,886
Settled during current year:										
18.1 By payment in full.....	2	5,038							2	5,038
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	5,038	0	0	0	0	0	0	2	5,038
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,038	0	0	0	0	0	0	2	5,038
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10	136,230	(a)						10	136,230
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(1)	(49,435)							(1)	(49,435)
23. In force December 31 of current year.....	9	86,795	0	0	0	0	0	0	9	86,795

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	5,277,184	5,284,557		3,962,392	4,065,319
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).....	5,277,184	5,284,557	0	3,962,392	4,065,319
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,277,184	5,284,557	0	3,962,392	4,065,319

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....	58				58
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	58	0	0	0	58
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	14,053				14,053
10. Matured endowments.....					0
11. Annuity benefits.....	245,545				245,545
12. Surrender values and withdrawals for life contracts.....	5,844				5,844
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	265,443	0	0	0	265,443

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	14,053							1	14,053
Settled during current year:										
18.1 By payment in full.....	1	14,053							1	14,053
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	14,053	0	0	0	0	0	0	1	14,053
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	14,053	0	0	0	0	0	0	1	14,053
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	67	421,844		(a).....					67	421,844
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(5)	(23,528)							(5)	(23,528)
23. In force December 31 of current year.....	62	398,316	0	(a).....0	0	0	0	0	62	398,316

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,886,835	1,868,209		1,376,011	1,474,378
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).....	1,886,835	1,868,209	0	1,376,011	1,474,378
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,886,835	1,868,209	0	1,376,011	1,474,378

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,316				4,316
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,316	0	0	0	4,316
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	115				115
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	115	0	0	0	115

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7	87,000	(a).....						7	87,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(1)	(34,000)							(1)	(34,000)
23. In force December 31 of current year.....	6	53,000	0	0	0	0	0	0	6	53,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	3,513,179	3,501,947		2,647,381	2,793,060
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).....	3,513,179	3,501,947	0	2,647,381	2,793,060
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,513,179	3,501,947	0	2,647,381	2,793,060

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	5,214				5,214
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,214	0	0	0	5,214

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	250,321	249,952		246,156	253,945
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).....	250,321	249,952	0	246,156	253,945
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	250,321	249,952	0	246,156	253,945

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,274				11,274
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	11,274	0	0	0	11,274
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	18	228,752		(a).....					18	228,752
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(85,928)							0	(85,928)
23. In force December 31 of current year.....	18	142,824	0	(a).....0	0	0	0	0	18	142,824

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	12,911,659	12,894,326		10,921,886	11,129,520
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).....	12,911,659	12,894,326	0	10,921,886	11,129,520
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,911,659	12,894,326	0	10,921,886	11,129,520

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	27,768	25,970		19,288	20,932
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).....	27,768	25,970	0	19,288	20,932
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	27,768	25,970	0	19,288	20,932

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	6,587	6,427		5,722	5,732
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).....	6,587	6,427	0	5,722	5,732
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,587	6,427	0	5,722	5,732

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	864,048	868,859		590,358	591,667
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).....	864,048	868,859	0	590,358	591,667
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	864,048	868,859	0	590,358	591,667

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,896				3,896
2. Annuity considerations.....	525				525
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,421	0	0	0	4,421
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	49,589				49,589
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	49,589	0	0	0	49,589

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	75,444	(a).....						6	75,444
21. Issued during year.....	1	5,000							1	5,000
22. Other changes to in force (Net).....	-	(20,697)							0	(20,697)
23. In force December 31 of current year.....	7	59,747	0	0	0	0	0	0	7	59,747

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	6,338,367	6,276,910		3,896,453	4,206,130
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).....	6,338,367	6,276,910	0	3,896,453	4,206,130
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,338,367	6,276,910	0	3,896,453	4,206,130

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



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,877				12,877
2. Annuity considerations.....	285				285
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,162	0	0	0	13,162
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	6,840				6,840
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,840	0	0	0	6,840

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,250							1	5,250
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,250	0	0	0	0	0	0	1	5,250
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	24	219,718		(a).....					24	219,718
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(2)	(74,482)							(2)	(74,482)
23. In force December 31 of current year.....	22	145,236	0	(a).....0	0	0	0	0	22	145,236

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	6,719,705	6,685,444		4,380,151	4,763,504
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).....	6,719,705	6,685,444	0	4,380,151	4,763,504
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,719,705	6,685,444	0	4,380,151	4,763,504

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	262,115				262,115
2. Annuity considerations.....	2,635				2,635
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	264,750	0	0	0	264,750
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	99,469				99,469
10. Matured endowments.....					0
11. Annuity benefits.....	1,238,078				1,238,078
12. Surrender values and withdrawals for life contracts.....	8,211				8,211
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,345,758	0	0	0	1,345,758

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		1,005							0	1,005
17. Incurred during current year.....	15	103,714							15	103,714
Settled during current year:										
18.1 By payment in full.....	14	99,469							14	99,469
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	99,469	0	0	0	0	0	0	14	99,469
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	99,469	0	0	0	0	0	0	14	99,469
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,250	0	0	0	0	0	0	1	5,250
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	581	5,990,054	(a)						581	5,990,054
21. Issued during year.....	6	66,000							6	66,000
22. Other changes to in force (Net).....	(44)	(2,011,349)							(44)	(2,011,349)
23. In force December 31 of current year.....	543	4,044,705	0	(a)	0	0	0	0	543	4,044,705

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	254,597,672	254,159,609		197,792,705	202,571,555
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).....	254,597,672	254,159,609	0	197,792,705	202,571,555
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	254,597,672	254,159,609	0	197,792,705	202,571,555

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



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,824	1,824		459	472
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).....	1,824	1,824	0	459	472
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,824	1,824	0	459	472

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	13,536	13,526		41,495	41,759
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).....	13,536	13,526	0	41,495	41,759
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,536	13,526	0	41,495	41,759

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,903				1,903
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,903	0	0	0	1,903
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	256				256
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	256	0	0	0	256

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	45,000	(a)						6	45,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(3)	(30,000)							(3)	(30,000)
23. In force December 31 of current year.....	3	15,000	0	0	0	0	0	0	3	15,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	2,433,153	2,387,173		1,824,869	1,976,359
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).....	2,433,153	2,387,173	0	1,824,869	1,976,359
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,433,153	2,387,173	0	1,824,869	1,976,359

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	54,944	53,643		48,286	50,044
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).....	54,944	53,643	0	48,286	50,044
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	54,944	53,643	0	48,286	50,044

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	24,544				24,544
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,544	0	0	0	24,544
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	72,895				72,895
12. Surrender values and withdrawals for life contracts.....	339				339
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	73,234	0	0	0	73,234

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	(1)	(5,000)							(1)	(5,000)
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	(1)	(5,000)	0	0	0	0	0	0	(1)	(5,000)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	46	450,274	(a)						46	450,274
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(3)	(189,066)							(3)	(189,066)
23. In force December 31 of current year.....	43	261,208	0	0	0	0	0	0	43	261,208

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	8,477,513	8,477,004		6,833,902	7,010,491
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).....	8,477,513	8,477,004	0	6,833,902	7,010,491
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,477,513	8,477,004	0	6,833,902	7,010,491

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,630				11,630
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	11,630	0	0	0	11,630
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	146				146
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	146	0	0	0	146

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15	214,500	(a)						15	214,500
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(1)	(76,500)							(1)	(76,500)
23. In force December 31 of current year.....	14	138,000	0	0	0	0	0	0	14	138,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	18,360,473	18,376,133		14,090,189	14,267,727
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).....	18,360,473	18,376,133	0	14,090,189	14,267,727
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,360,473	18,376,133	0	14,090,189	14,267,727

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



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,810				3,810
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,810	0	0	0	3,810
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,009				5,009
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,009	0	0	0	5,009

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		152							0	152
17. Incurred during current year.....	2	4,857							2	4,857
Settled during current year:										
18.1 By payment in full.....	2	5,009							2	5,009
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	5,009	0	0	0	0	0	0	2	5,009
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,009	0	0	0	0	0	0	2	5,009
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	91,500	(a)						12	91,500
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(2)	(40,500)							(2)	(40,500)
23. In force December 31 of current year.....	10	51,000	(a)	0	0	0	0	0	10	51,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	11,941,154	11,979,066		9,805,038	9,784,978
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).....	11,941,154	11,979,066	0	9,805,038	9,784,978
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,941,154	11,979,066	0	9,805,038	9,784,978

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,916				9,916
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,916	0	0	0	9,916
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	7,814				7,814
12. Surrender values and withdrawals for life contracts.....	84				84
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,898	0	0	0	7,898

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15	159,000	(a)						15	159,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(1)	(58,000)							(1)	(58,000)
23. In force December 31 of current year.....	14	101,000	0	0	0	0	0	0	14	101,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	9,215,316	9,178,619		7,655,028	7,791,145
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).....	9,215,316	9,178,619	0	7,655,028	7,791,145
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,215,316	9,178,619	0	7,655,028	7,791,145

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,676				2,676
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,676	0	0	0	2,676
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,000				5,000
10. Matured endowments.....					0
11. Annuity benefits.....	71,256				71,256
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	76,256	0	0	0	76,256

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	48,791		(a).....					6	48,791
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(1)	(21,250)							(1)	(21,250)
23. In force December 31 of current year.....	5	27,541	0	(a).....0	0	0	0	0	5	27,541

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	4,288,892	4,258,912		3,159,612	3,365,890
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).....	4,288,892	4,258,912	0	3,159,612	3,365,890
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,288,892	4,258,912	0	3,159,612	3,365,890

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	2,249		(a).....					1	2,249
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	55							0	55
23. In force December 31 of current year.....	1	2,304	0	(a).....0	0	0	0	0	1	2,304

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	52,372	53,006		27,983	29,295
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).....	52,372	53,006	0	27,983	29,295
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	52,372	53,006	0	27,983	29,295

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,709,920	1,708,369		1,484,125	1,510,605
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).....	1,709,920	1,708,369	0	1,484,125	1,510,605
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,709,920	1,708,369	0	1,484,125	1,510,605

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



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	38,518	38,474		15,027	15,650
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).....	38,518	38,474	0	15,027	15,650
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	38,518	38,474	0	15,027	15,650

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	86,680	85,991		73,909	77,649
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).....	86,680	85,991	0	73,909	77,649
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	86,680	85,991	0	73,909	77,649

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	49,066	48,682		30,501	31,742
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).....	49,066	48,682	0	30,501	31,742
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	49,066	48,682	0	30,501	31,742

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,283				1,283
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,283	0	0	0	1,283
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	60,788				60,788
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	60,788	0	0	0	60,788

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	24,751	(a).....						3	24,751
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	-	(7,456)							0	(7,456)
23. In force December 31 of current year.....	4	27,295	0	0	0	0	0	0	4	27,295

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,915,683	1,920,549		1,389,835	1,424,020
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).....	1,915,683	1,920,549	0	1,389,835	1,424,020
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,915,683	1,920,549	0	1,389,835	1,424,020

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

American Retirement Life Insurance Company



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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,987				4,987
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,987	0	0	0	4,987
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,000				5,000
10. Matured endowments.....					0
11. Annuity benefits.....	13,262				13,262
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	18,262	0	0	0	18,262

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10	87,000	(a)						10	87,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(1)	(38,990)							(1)	(38,990)
23. In force December 31 of current year.....	9	48,010	0	0	0	0	0	0	9	48,010

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	6,321,174	6,331,112		4,980,012	5,064,883
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).....	6,321,174	6,331,112	0	4,980,012	5,064,883
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,321,174	6,331,112	0	4,980,012	5,064,883

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,663				1,663
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,663	0	0	0	1,663
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	1,657				1,657
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,657	0	0	0	1,657

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	2,418,498	2,396,842		1,940,604	2,000,526
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).....	2,418,498	2,396,842	0	1,940,604	2,000,526
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,418,498	2,396,842	0	1,940,604	2,000,526

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	149,792				149,792
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	149,792	0	0	0	149,792

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	59,229		(a).....					12	59,229
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	1,357							0	1,357
23. In force December 31 of current year.....	12	60,586	0	(a).....0	0	0	0	0	12	60,586

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	7,448,762	7,431,701		5,618,941	5,810,135
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).....	7,448,762	7,431,701	0	5,618,941	5,810,135
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,448,762	7,431,701	0	5,618,941	5,810,135

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	51,435	51,497		35,137	37,959
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).....	51,435	51,497	0	35,137	37,959
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	51,435	51,497	0	35,137	37,959

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,220				5,220
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,220	0	0	0	5,220
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	2,563				2,563
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,563	0	0	0	2,563

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	79,500	(a).....						6	79,500
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(26,500)							0	(26,500)
23. In force December 31 of current year.....	6	53,000	(a).....	0	0	0	0	0	6	53,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	2,253,510	2,227,446		1,834,789	1,966,453
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).....	2,253,510	2,227,446	0	1,834,789	1,966,453
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,253,510	2,227,446	0	1,834,789	1,966,453

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	807,087	804,190		468,509	477,010
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).....	807,087	804,190	0	468,509	477,010
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	807,087	804,190	0	468,509	477,010

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	130,948	131,834		106,885	107,871
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).....	130,948	131,834	0	106,885	107,871
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	130,948	131,834	0	106,885	107,871

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,571				4,571
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,571	0	0	0	4,571
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	6,412				6,412
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,412	0	0	0	6,412

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	71,250	(a)						6	71,250
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(23,750)							0	(23,750)
23. In force December 31 of current year.....	6	47,500	0	0	0	0	0	0	6	47,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,330,369	1,322,019		894,689	930,423
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).....	1,330,369	1,322,019	0	894,689	930,423
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,330,369	1,322,019	0	894,689	930,423

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,401				2,401
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,401	0	0	0	2,401
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	52,500		(a).....					4	52,500
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(17,500)							0	(17,500)
23. In force December 31 of current year.....	4	35,000	0	(a).....0	0	0	0	0	4	35,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	8,100,053	8,049,210		6,703,216	6,942,231
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).....	8,100,053	8,049,210	0	6,703,216	6,942,231
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,100,053	8,049,210	0	6,703,216	6,942,231

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	92,130	92,177		140,322	143,063
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).....	92,130	92,177	0	140,322	143,063
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	92,130	92,177	0	140,322	143,063

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	14,964				14,964
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,964	0	0	0	14,964
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	8,046				8,046
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,046	0	0	0	8,046

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		244							0	244
17. Incurred during current year.....	2	7,802							2	7,802
Settled during current year:										
18.1 By payment in full.....	2	8,046							2	8,046
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	8,046	0	0	0	0	0	0	2	8,046
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	8,046	0	0	0	0	0	0	2	8,046
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	19	270,750		(a).....					19	270,750
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(3)	(128,250)							(3)	(128,250)
23. In force December 31 of current year.....	16	142,500	0	(a).....0	0	0	0	0	16	142,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	12,567,001	12,550,034		9,343,494	9,711,461
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).....	12,567,001	12,550,034	0	9,343,494	9,711,461
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,567,001	12,550,034	0	9,343,494	9,711,461

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,753				11,753
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	11,753	0	0	0	11,753
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	6,341				6,341
12. Surrender values and withdrawals for life contracts.....	272				272
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,613	0	0	0	6,613

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	24	207,426		(a).....					24	207,426
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(56,396)							0	(56,396)
23. In force December 31 of current year.....	24	151,030	0	(a).....0	0	0	0	0	24	151,030

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	7,494,936	7,488,872		5,922,497	6,001,245
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).....	7,494,936	7,488,872	0	5,922,497	6,001,245
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,494,936	7,488,872	0	5,922,497	6,001,245

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	70,138	69,029		48,959	52,457
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).....	70,138	69,029	0	48,959	52,457
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	70,138	69,029	0	48,959	52,457

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	21,619				21,619
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,619	0	0	0	21,619
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	463				463
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,463	0	0	0	10,463

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		152							0	152
17. Incurred during current year.....	2	9,848							2	9,848
Settled during current year:										
18.1 By payment in full.....	2	10,000							2	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	10,000	0	0	0	0	0	0	2	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	10,000	0	0	0	0	0	0	2	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	41	489,000	(a)						41	489,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(6)	(200,000)							(6)	(200,000)
23. In force December 31 of current year.....	35	289,000	0	0	0	0	0	0	35	289,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	33,560,984	33,608,226		24,165,677	24,285,361
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).....	33,560,984	33,608,226	0	24,165,677	24,285,361
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	33,560,984	33,608,226	0	24,165,677	24,285,361

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	3,885	3,875		3,484	3,817
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).....	3,885	3,875	0	3,484	3,817
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,885	3,875	0	3,484	3,817

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	190,506	190,814		186,353	191,678
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).....	190,506	190,814	0	186,353	191,678
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	190,506	190,814	0	186,353	191,678

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,626				8,626
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,626	0	0	0	8,626
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....	11,664				11,664
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	21,664	0	0	0	21,664

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		305							0	305
17. Incurred during current year.....	1	9,695							1	9,695
Settled during current year:										
18.1 By payment in full.....	1	10,000							1	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	17	203,250	(a)						17	203,250
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(2)	(97,691)							(2)	(97,691)
23. In force December 31 of current year.....	15	105,559	0	0	0	0	0	0	15	105,559

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	13,614,492	13,611,328		10,415,500	10,616,400
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).....	13,614,492	13,611,328	0	10,415,500	10,616,400
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,614,492	13,611,328	0	10,415,500	10,616,400

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	654				654
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	654	0	0	0	654
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	15,000	(a)						1	15,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(5,000)							0	(5,000)
23. In force December 31 of current year.....	1	10,000	(a)	0	0	0	0	0	1	10,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	458,571	465,235		386,994	391,843
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).....	458,571	465,235	0	386,994	391,843
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	458,571	465,235	0	386,994	391,843

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,421				8,421
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,421	0	0	0	8,421
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	12,323				12,323
10. Matured endowments.....					0
11. Annuity benefits.....	318,525				318,525
12. Surrender values and withdrawals for life contracts.....	7				7
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	330,855	0	0	0	330,855

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	12,323							1	12,323
Settled during current year:										
18.1 By payment in full.....	1	12,323							1	12,323
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	12,323	0	0	0	0	0	0	1	12,323
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	12,323	0	0	0	0	0	0	1	12,323
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	65	511,055	(a)						65	511,055
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(4)	(65,467)							(4)	(65,467)
23. In force December 31 of current year.....	61	445,588	0	0	0	0	0	0	61	445,588

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	4,915,004	4,887,598		3,457,433	3,637,437
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).....	4,915,004	4,887,598	0	3,457,433	3,637,437
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,915,004	4,887,598	0	3,457,433	3,637,437

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	32,287				32,287
2. Annuity considerations.....	1,767				1,767
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	34,054	0	0	0	34,054
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	25,000				25,000
10. Matured endowments.....					0
11. Annuity benefits.....	176,784				176,784
12. Surrender values and withdrawals for life contracts.....	498				498
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	202,282	0	0	0	202,282

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	25,000							1	25,000
Settled during current year:										
18.1 By payment in full.....	1	25,000							1	25,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	25,000	0	0	0	0	0	0	1	25,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	25,000	0	0	0	0	0	0	1	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	72	854,021		(a).....					72	854,021
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	(5)	(322,743)							(5)	(322,743)
23. In force December 31 of current year.....	67	531,278	0	(a).....0	0	0	0	0	67	531,278

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	25,356,212	25,310,445		21,930,303	22,075,260
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).....	25,356,212	25,310,445	0	21,930,303	22,075,260
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	25,356,212	25,310,445	0	21,930,303	22,075,260

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,626				1,626
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,626	0	0	0	1,626
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	30,020		(a).....					4	30,020
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(10,000)							0	(10,000)
23. In force December 31 of current year.....	4	20,020	0	(a).....0	0	0	0	0	4	20,020

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,517,688	1,520,236		1,168,746	1,186,945
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).....	1,517,688	1,520,236	0	1,168,746	1,186,945
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,517,688	1,520,236	0	1,168,746	1,186,945

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	44,878				44,878
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	44,878	0	0	0	44,878
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	23,288				23,288
12. Surrender values and withdrawals for life contracts.....	187				187
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	23,475	0	0	0	23,475

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	54	742,500		(a).....					54	742,500
21. Issued during year.....	4	51,000							4	51,000
22. Other changes to in force (Net).....	(3)	(272,132)							(3)	(272,132)
23. In force December 31 of current year.....	55	521,368	0	(a).....0	0	0	0	0	55	521,368

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	15,639,777	15,534,170		12,206,540	12,639,444
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).....	15,639,777	15,534,170	0	12,206,540	12,639,444
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,639,777	15,534,170	0	12,206,540	12,639,444

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



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,064	1,041		6,435	6,355
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).....	1,064	1,041	0	6,435	6,355
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,064	1,041	0	6,435	6,355

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	8,597	8,586		4,278	4,589
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).....	8,597	8,586	0	4,278	4,589
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,597	8,586	0	4,278	4,589

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	7,847				7,847
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,847	0	0	0	7,847

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	127,390	126,460		86,750	90,910
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).....	127,390	126,460	0	86,750	90,910
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	127,390	126,460	0	86,750	90,910

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,732				2,732
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,732	0	0	0	2,732
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	51,000		(a).....					4	51,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(17,000)							0	(17,000)
23. In force December 31 of current year.....	4	34,000	0	(a).....0	0	0	0	0	4	34,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	7,349,103	7,391,347		5,598,453	5,713,763
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).....	7,349,103	7,391,347	0	5,598,453	5,713,763
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,349,103	7,391,347	0	5,598,453	5,713,763

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

American Retirement Life Insurance Company



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,343				1,343
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,343	0	0	0	1,343
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	30,000	(a).						3	30,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	(10,000)							0	(10,000)
23. In force December 31 of current year.....	3	20,000	(a).	0	0	0	0	0	3	20,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	3,776,958	3,779,784		3,556,791	3,629,624
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).....	3,776,958	3,779,784	0	3,556,791	3,629,624
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,776,958	3,779,784	0	3,556,791	3,629,624

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



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	2,537,986	2,512,028		2,050,820	2,165,251
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).....	2,537,986	2,512,028	0	2,050,820	2,165,251
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,537,986	2,512,028	0	2,050,820	2,165,251

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	(10,724)
2. Current year's realized pre-tax capital gains/(losses) of \$.....51,667 transferred into the reserve net of taxes of \$..... 18,085.....	33,582
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	22,858
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	918
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	21,940

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2016.....	(895)	1,813		918
2. 2017.....	(870)	3,728		2,858
3. 2018.....	(920)	3,895		2,975
4. 2019.....	(996)	4,030		3,034
5. 2020.....	(1,075)	4,198		3,123
6. 2021.....	(1,184)	4,399		3,215
7. 2022.....	(1,296)	4,030		2,734
8. 2023.....	(1,215)	3,224		2,009
9. 2024.....	(968)	2,351		1,383
10. 2025.....	(724)	1,444		720
11. 2026.....	(435)	470		35
12. 2027.....	(146)			(146)
13. 2028.....				0
14. 2029.....				0
15. 2030.....				0
16. 2031.....				0
17. 2032.....				0
18. 2033.....				0
19. 2034.....				0
20. 2035.....				0
21. 2036.....				0
22. 2037.....				0
23. 2038.....				0
24. 2039.....				0
25. 2040.....				0
26. 2041.....				0
27. 2042.....				0
28. 2043.....				0
29. 2044.....				0
30. 2045.....				0
31. 2046 and Later.....				0
32. Total (Lines 1 to 31).....	(10,724)	33,582	0	22,858

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	215,972		215,972			0	215,972
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	104,970		104,970			0	104,970
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	320,942	0	320,942	0	0	0	320,942
9. Maximum reserve.....	533,799		533,799			0	533,799
10. Reserve objective.....	356,136		356,136			0	356,136
11. 20% of (Line 10 minus Line 8).....	7,039	0	7,039	0	0	0	7,039
12. Balance before transfers (Lines 8 + 11).....	327,981	0	327,981	0	0	0	327,981
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	327,981	0	327,981	0	0	0	327,981

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	3,266,891	XXX	XXX	3,266,891	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	20,688,554	XXX	XXX	20,688,554	0.0004	8,275	0.0023	47,584	0.0030	62,066
3	2	High quality.....	48,281,857	XXX	XXX	48,281,857	0.0019	91,736	0.0058	280,035	0.0090	434,537
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8).....	72,237,302	XXX	XXX	72,237,302	XXX	100,011	XXX	327,618	XXX	496,602
		PREFERRED STOCKS										
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	12,398,519	XXX	XXX	12,398,519	0.0004	4,959	0.0023	28,517	0.0030	37,196
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24).....	12,398,519	XXX	XXX	12,398,519	XXX	4,959	XXX	28,517	XXX	37,196
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	84,635,821	XXX	XXX	84,635,821	XXX	104,970	XXX	356,135	XXX	533,798

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

			Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
											Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
											9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
			1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																				
1.	Premiums written.....	255,239,062	XXX		XXX		XXX		XXX		XXX		255,239,062	XXX		XXX		XXX		XXX
2.	Premiums earned.....	254,148,386	XXX		XXX		XXX		XXX		XXX		254,148,386	XXX		XXX		XXX		XXX
3.	Incurred claims.....	203,067,707	79.9	0	0.0	0	0.0	0	0.0	0	0.0	0	203,067,707	79.9	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	928,235	0.4		0.0		0.0		0.0		0.0		928,235	0.4		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	203,995,942	80.3	0	0.0	0	0.0	0	0.0	0	0.0	0	203,995,942	80.3	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	480,015	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	480,015	0.2	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	43,841,891	17.3		0.0		0.0		0.0		0.0		43,841,891	17.3		0.0		0.0		0.0
8.	Other general insurance expenses.....	34,605,907	13.6		0.0		0.0		0.0		0.0		34,605,907	13.6		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	6,501,770	2.6		0.0		0.0		0.0		0.0		6,501,770	2.6		0.0		0.0		0.0
10.	Total other expenses incurred.....	84,949,568	33.4	0	0.0	0	0.0	0	0.0	0	0.0	0	84,949,568	33.4	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	178,004	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	178,004	0.1	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	(35,455,143)	(14.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	(35,455,143)	(14.0)	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0	0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	(35,455,143)	(14.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	(35,455,143)	(14.0)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																				
1101.	Loading.....	175,664	0.1		0.0		0.0		0.0		0.0		175,664	0.1		0.0		0.0		0.0
1102.	Penalties.....	2,340	0.0		0.0		0.0		0.0		0.0		2,340	0.0		0.0		0.0		0.0
1103.	.....	0	0.0		0.0		0.0		0.0		0.0		0	0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).	178,004	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	178,004	0.1	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	5,780,767					5,780,767			
2. Advance premiums.....	1,827,623					1,827,623			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	7,608,390	0	0	0	0	7,608,390	0	0	0
5. Total premium reserves, prior year.....	6,572,537					6,572,537			
6. Increase in total premium reserves.....	1,035,853	0	0	0	0	1,035,853	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	522,004					522,004			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	522,004	0	0	0	0	522,004	0	0	0
4. Total contract reserves, prior year.....	41,989					41,989			
5. Increase in contract reserves.....	480,015	0	0	0	0	480,015	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	23,554,494	0	0	0	0	23,554,494	0	0	0
2. Total prior year.....	18,279,492					18,279,492			
3. Increase.....	5,275,002	0	0	0	0	5,275,002	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	16,460,912					16,460,912			
1.2 On claims incurred during current year.....	181,331,793					181,331,793			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	149,199					149,199			
2.2 On claims incurred during current year.....	23,405,295					23,405,295			
3. Test:									
3.1 Lines 1.1 and 2.1.....	16,610,111	0	0	0	0	16,610,111	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	18,279,492					18,279,492			
3.3 Line 3.1 minus Line 3.2.....	(1,669,381)	0	0	0	0	(1,669,381)	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								

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

NONE

American Retirement Life Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			203,067,706	203,067,706
2. Beginning claim reserves and liabilities.....			18,279,492	18,279,492
3. Ending claim reserves and liabilities.....			23,554,494	23,554,494
4. Claims paid.....	0	0	197,792,704	197,792,704
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....				0
10. Beginning claim reserves and liabilities.....				0
11. Ending claim reserves and liabilities.....				0
12. Claims paid.....	0	0	0	0
D. Net:				
13. Incurred claims.....	0	0	203,067,706	203,067,706
14. Beginning claim reserves and liabilities.....	0	0	18,279,492	18,279,492
15. Ending claim reserves and liabilities.....	0	0	23,554,494	23,554,494
16. Claims paid.....	0	0	197,792,704	197,792,704
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			203,995,942	203,995,942
18. Beginning reserves and liabilities.....			18,316,503	18,316,503
19. Ending reserves and liabilities.....			23,597,419	23,597,419
20. Paid claims and cost containment expenses.....	0	0	198,715,026	198,715,026

Sch. S - Pt. 1 - Sn. 1
NONE

Sch. S - Pt. 1 - Sn. 2
NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
82627	06-0839705....	01/01/1990	Swiss Re Life & Health America.....	IN.....	60,948	38,708
63312	13-1935920....	08/31/2013	Great American Life Insurance Company.....	OH.....	.....	.....3,000
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				60,948	41,708
1099999.	Total - Life and Annuity Non-Affiliates.....				60,948	41,708
1199999.	Total - Life and Annuity.....				60,948	41,708
2399999.	Total U.S.....				60,948	41,708
9999999.	Total.....				60,948	41,708

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
82627	06-0839705....	10/01/1990	Swiss Re Life & Health of America.....	IN.....	ACO/I.....	OA.....	.....	.....244,274	275,556	.....	.....	.....	.....	.....
82627	06-0839705....	01/01/1990	Swiss Re Life & Health of America.....	IN.....	ACO/I.....	OA.....	.....	.....10,791,068	11,590,523	2,635	.....	.....	.....	.....
63312	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	OL.....	990,000	653,248	650,935	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates.....						990,000	11,688,590	12,517,014	2,635	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						990,000	11,688,590	12,517,014	2,635	0	0	0	0
1199999.	Total - General Account - Authorized.....						990,000	11,688,590	12,517,014	2,635	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						990,000	11,688,590	12,517,014	2,635	0	0	0	0
6999999.	Total U.S.....						990,000	11,688,590	12,517,014	2,635	0	0	0	0
9999999.	Total.....						990,000	11,688,590	12,517,014	2,635	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-3190987...	.07/01/2014	Cigna Global Reinsurance Company.....	BMU.....	CAT/G.....	A.....	11,224	.....	.....	.....	.....	.....	.....
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						11,224	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						11,224	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						11,224	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						11,224	0	0	0	0	0	0
7099999.	Total - Non-U.S.....						11,224	0	0	0	0	0	0
9999999.	Total.....						11,224	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2016	2015	2014	2013	2012
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	14	24	5	11	702
2.	Commissions and reinsurance expense allowances.....	23	26	22	45	30
3.	Contract claims.....	1,259	1,363	1,571	1,596	1,565
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.....					(528)
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	0	1	1	7	3
9.	Aggregate reserves for life and accident and health contracts.....	11,689	12,517	13,453	14,568	15,625
10.	Liability for deposit-type contracts.....					
11.	Contract claims unpaid.....	42	57	52	78	53
12.	Amounts recoverable on reinsurance.....	61	90	167	230	439
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with certified reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....					
23.	Funds deposited by and withheld from (F).....					
24.	Letters of credit (L).....					
25.	Trust agreements (T).....					
26.	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	74,972,959		74,972,959
2. Reinsurance (Line 16).....	60,948		60,948
3. Premiums and considerations (Line 15).....	685,974	358	686,332
4. Net credit for ceded reinsurance.....	XXX	11,729,940	11,729,940
5. All other admitted assets (balance).....	1,171,696		1,171,696
6. Total assets excluding Separate Accounts (Line 26).....	76,891,577	11,730,298	88,621,875
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	76,891,577	11,730,298	88,621,875
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	6,454,802	11,688,590	18,143,392
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	23,563,998	41,708	23,605,706
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	1,827,623		1,827,623
14. Other contract liabilities (Line 9).....	21,940		21,940
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	4,369,385		4,369,385
20. Total liabilities excluding Separate Accounts (Line 26).....	36,237,748	11,730,298	47,968,046
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	36,237,748	11,730,298	47,968,046
23. Capital & surplus (Line 38).....	40,653,829	XXX	40,653,829
24. Total liabilities, capital & surplus (Line 39).....	76,891,577	11,730,298	88,621,875
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	11,688,590		
26. Claim reserves.....	41,708		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	11,730,298		
34. Premiums and considerations.....	358		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	358		
41. Total net credit for ceded reinsurance.....	11,729,940		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			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
States, Etc.								
1.	Alabama.....	AL	6,245	-				6,245
2.	Alaska.....	AK	-	-				0
3.	Arizona.....	AZ	4,316	-				4,316
4.	Arkansas.....	AR	-	58				58
5.	California.....	CA	-	-				0
6.	Colorado.....	CO	11,274	-				11,274
7.	Connecticut.....	CT	-	-				0
8.	Delaware.....	DE	-	-				0
9.	District of Columbia.....	DC	-	-				0
10.	Florida.....	FL	3,896	525				4,421
11.	Georgia.....	GA	12,877	285				13,162
12.	Hawaii.....	HI	-	-				0
13.	Idaho.....	ID	-	-				0
14.	Illinois.....	IL	24,544	-				24,544
15.	Indiana.....	IN	11,630	-				11,630
16.	Iowa.....	IA	1,903	-				1,903
17.	Kansas.....	KS	3,810	-				3,810
18.	Kentucky.....	KY	9,916	-				9,916
19.	Louisiana.....	LA	2,676	-				2,676
20.	Maine.....	ME	-	-				0
21.	Maryland.....	MD	-	-				0
22.	Massachusetts.....	MA	-	-				0
23.	Michigan.....	MI	-	-				0
24.	Minnesota.....	MN	-	-				0
25.	Mississippi.....	MS	4,987	-				4,987
26.	Missouri.....	MO	1,283	-				1,283
27.	Montana.....	MT	1,663	-				1,663
28.	Nebraska.....	NE	5,220	-				5,220
29.	Nevada.....	NV	2,401	-				2,401
30.	New Hampshire.....	NH	-	-				0
31.	New Jersey.....	NJ	-	-				0
32.	New Mexico.....	NM	4,571	-				4,571
33.	New York.....	NY	-	-				0
34.	North Carolina.....	NC	-	-				0
35.	North Dakota.....	ND	-	-				0
36.	Ohio.....	OH	14,964	-				14,964
37.	Oklahoma.....	OK	11,753	-				11,753
38.	Oregon.....	OR	-	-				0
39.	Pennsylvania.....	PA	21,619	-				21,619
40.	Rhode Island.....	RI	-	-				0
41.	South Carolina.....	SC	8,626	-				8,626
42.	South Dakota.....	SD	654	-				654
43.	Tennessee.....	TN	8,421	-				8,421
44.	Texas.....	TX	32,287	1,767				34,054
45.	Utah.....	UT	1,626	-				1,626
46.	Vermont.....	VT	-	-				0
47.	Virginia.....	VA	44,876	-				44,876
48.	Washington.....	WA	-	-				0
49.	West Virginia.....	WV	1,343	-				1,343
50.	Wisconsin.....	WI	2,732	-				2,732
51.	Wyoming.....	WY	-	-				0
52.	American Samoa.....	AS	-	-				0
53.	Guam.....	GU	-	-				0
54.	Puerto Rico.....	PR	-	-				0
55.	US Virgin Islands.....	VI	-	-				0
56.	Northern Mariana Islands.....	MP	-	-				0
57.	Canada.....	CAN	-	-				0
58.	Aggregate Other Alien.....	OT	-	-				0
59.	Totals.....		262,113	2,635	0	0	0	264,748

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.7

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

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

SCHEDULE Y

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

53.1

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

SCHEDULE Y

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

53.2

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.3	00-0000000.....	ND/CR Unicorn LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Union Wharf Apartments LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	AMD Apartments Limited Partership.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	SP Newport Crossing LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	PUR Arbors Apartments Venture LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	CG Seventh Street LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Ideal Properties II LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	80-0668090.....	Alessandro Partners, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	80-0908244.....	Mallory Square Partners I, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Houston Briar Forest Apartments Limited Partnership.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Newtown Partners II, LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Newtown Square GP LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	AFA Apartments Limited Partnership.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	SB-SNH LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	680 Investors LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	685 New Hampshire LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	CGGL 18301 LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	222 Main Street CARING GP LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	222 Main Street Investors LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	Notch 8 Residential, L.L.C.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	UVL, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	00-0000000.....	3601 North Fairfax Drive Associates, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	47-4235739.....	CI Perris 151, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	47-4375626.....	Lakehills CM-CG LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	30-0939067.....	Affiliated Hotel Subsidiary.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	81-2481274.....	CGGL 6280 LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	81-2650133.....	Berewick Apartments LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	81-3389374.....	CIG-LEI Ygnacio Associates LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	61-1797835.....	CGGL Orange Collection LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	81-3281922.....	CGGL Chapman LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	81-3313562.....	CGGL City Parkway LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	81-4139432.....	Heights at Bear Creek Venture LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	27-0268530.....	CORAC, LLC.....	-	(1,153,486)	- .....	- .....	- .....	- .....	.....	.....	.....(1,153,486)	.....
	27-3923999.....	Bridgepoint Office Park Associates, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	27-3126102.....	Fairway Center Associates, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	27-3582688.....	Henry on the Park Associates, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
67369.....	59-1031071.....	Cigna Health and Life Insurance Company.....	(995,000,000)	(33,532,076)	-	-	(73,957,210)	111,950,034	.....	.....	.....(990,539,252)	94,794,298
	45-2681649.....	CarePlexus, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	27-3396038.....	Cigna Corporate Services, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	27-1903785.....	Cigna Insurance Agency, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
	34-1970892.....	Ceres Sales of Ohio, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	.....	.....0	.....
61727.....	34-0970995.....	Central Reserve Life Insurance Company.....	-	-	-	-	(312,172)	- .....	.....	.....	.....(312,172)	.....

SCHEDULE Y

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

53.4

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

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

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

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53.6	00-0000000.....	FirstAssist Administration Limited	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Legal Protection Limited.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Insurance Services (Europe) Limited.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna International Health Services, BVBA.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna International Health Services, LLC	-	-	-	-	-	-			0	
	00-0000000.....	Cigna International Health Services Kenya Limited.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Sequoia Holdings SPRL.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Cedar Holdings, Ltd.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Magnolia Holdings, Ltd.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna T.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Nederland Beta B.V.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Nederland Gamma B.V.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Finans Emeklilik Ve Hayat A.S.	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Health Solution India Pvt. Ltd.....	-	-	-	-	-	-			0	
	46-4099800.....	Cigna Poplar Holdings, Inc.....	-	-	-	-	-	-			0	
	00-0000000.....	PT GAR Indonesia.....	-	-	-	-	-	-			0	
	00-0000000.....	PT PGU Indonesia.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Global Insurance Company Limited.....	-	-	-	-	(2,753,185)	(10,011)			(2,763,196)	
	00-0000000.....	CignaTTK Health Insurance Company Limited.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna SAICO Benefits Services W.L.L.....	-	-	-	-	-	-			0	
90859.....	23-2088429.....	Cigna Worldwide Insurance Company.....	-	-	-	-	578,254	21,369			599,623	181,065
	AA-5360003.....	PT. Asuransi Cigna.....	-	-	-	-	-	-			0	
	00-0000000.....	Cigna Teak Holdings, LLC.....	-	-	-	-	-	-			0	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	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 Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	YES
APRIL FILING		
41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

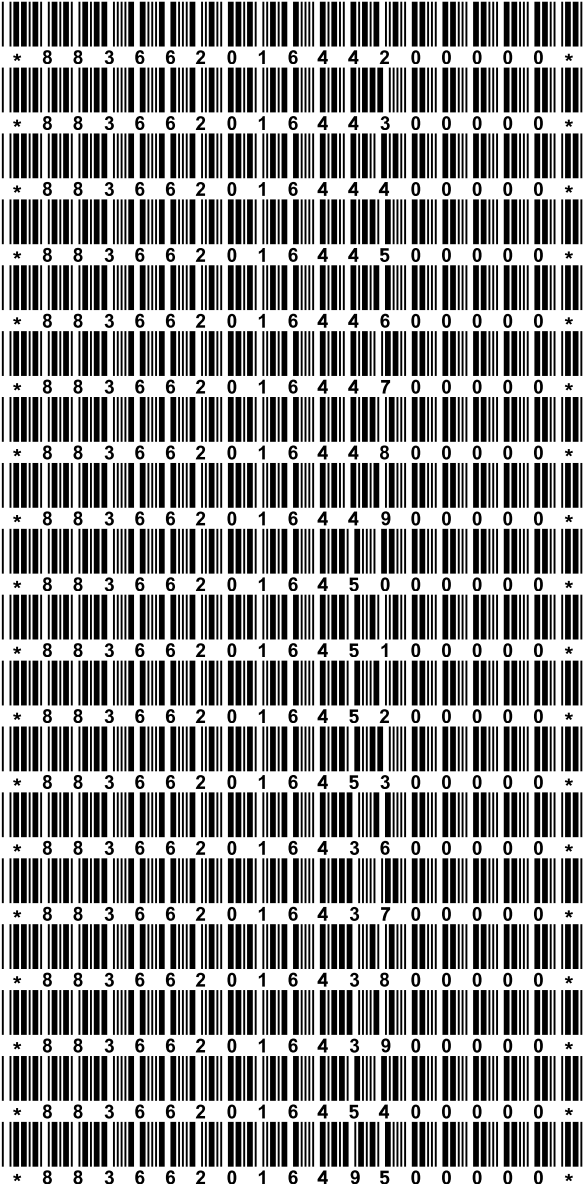
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

BAR CODE:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12. The data for this supplement is not required to be filed.
13.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
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29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.	
36. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 3 6 5 0 0 0 0 0 *
37. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 2 2 4 0 0 0 0 0 *
38. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 2 2 5 0 0 0 0 0 *
39. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 2 2 6 0 0 0 0 0 *
40.	
41. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 3 0 6 0 0 0 0 0 *
42.	
43. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 2 3 0 0 0 0 0 0 *
44.	
45.	
46. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 5 1 1 0 0 0 0 0 *
47. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 2 1 6 0 0 0 0 0 *
48. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 2 1 7 0 0 0 0 0 *
49. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 4 3 5 0 0 0 0 0 *
50. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 3 4 5 0 0 0 0 0 *
51. The data for this supplement is not required to be filed.	 * 8 8 3 6 6 2 0 1 6 2 2 3 0 0 0 0 0 *

American Retirement Life Insurance Company
Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3			
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Total
09.304. Home Office Allocation.....	349		356,198			356,547
09.397. Summary of remaining write-ins for Line 9.3.....	349	0	356,198	0	0	356,547

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Suspense.....	31,614	.....	.....(31,614)
2597. Summary of remaining write-ins for Line 25.....	31,614	0	(31,614)

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.12/28/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,716,359	1,318,367	76.8	926
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.12/28/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....797,338	647,272	81.2	570
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.12/28/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....244,516	169,075	69.1	202
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....467,172	396,519	84.9	257
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....331,498	267,349	80.6	250
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....130,474	103,516	79.3	124
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.03/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....262,710	162,526	61.9	151
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.03/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....85,823	46,034	53.6	57
.....YES.....	AR-XM-AAHF.....	H.....	NO.....	...30500.....	.03/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....12,836	4,552	35.5	22
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.03/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....144,181	71,240	49.4	103
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	4,192,906	3,186,451	76.0	2,662

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34000.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....640,373	555,422	86.7	340
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34000.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....587,191	456,665	77.8	917
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34000.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....100,782	42,258	41.9	73
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....194,646	152,747	78.5	109
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....98,103	77,210	78.7	78
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....38,197	42,021	110.0	28
.....YES.....	AR-XM-IA-F.....	F.....	NO.....	...30500.....	.05/22/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....38,550	23,530	61.0	18
.....YES.....	AR-XM-IA-G.....	G.....	NO.....	...30500.....	.05/22/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,315	6,378	44.6	9
.....YES.....	AR-XM-IAHF.....	F.....	NO.....	...30500.....	.05/22/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....867	135	15.6	2
.....YES.....	AR-XM-IA-N.....	N.....	NO.....	...30500.....	.05/22/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,841	10,136	173.5	9
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,718,865	1,366,502	79.5	1,583

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-A.....	A.....	NO.....	...34000.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34000.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....606,783	454,936	75.0	304
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34000.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....275,211	183,608	66.7	167
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34000.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....79,140	63,910	80.8	49
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204000.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....378,430	258,074	68.2	187
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204000.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....301,364	182,214	60.5	184
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204000.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....159,677	85,693	53.7	107
.....YES.....	AR-XM-IA-F.....	F.....	NO.....	...30500.....	.04/07/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....917,463	731,890	79.8	416
.....YES.....	AR-XM-IA-G.....	G.....	NO.....	...30500.....	.04/07/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....169,606	148,646	87.6	101
.....YES.....	AR-XM-IAHF.....	H.....	NO.....	...30500.....	.04/07/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....61,944	58,518	94.5	79
.....YES.....	AR-XM-IA-N.....	N.....	NO.....	...30500.....	.04/07/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....152,954	123,206	80.6	110
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	3,102,573	2,290,694	73.8	1,704

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....828	3,518	425.0	.....
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,665,490	6,582,392	98.8	3,380
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,548,539	1,887,249	74.1	1,859
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....731,360	441,029	60.3	657
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....628,052	522,744	83.2	334
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....508,966	361,105	70.9	380
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....175,904	85,712	48.7	153
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.10/12/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,989	3,638	45.5	17
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.10/12/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,937	2,330	59.2	14
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30560.....	.10/12/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....671	225	33.5	3
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.10/12/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....547	434	79.3	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	11,272,282	9,890,376	87.7	6,801

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,176	1,145	27.4	2
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....264,833	175,208	66.2	109
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....123,677	114,025	92.2	71
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.03/15/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....66,477	53,509	80.5	45
.....YES.....	AR-DM-AA-A.....	A.....	NO.....	...34000.....	.04/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....71,554	36,215	50.6	31
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....80,946	58,231	71.9	43
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....49,046	24,880	50.7	34
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...34060.....	.07/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,234	1,367	61.2	5
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...34060.....	.07/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....161	155	96.1	1
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...34060.....	.07/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....73	70	96.1	1
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...34060.....	.07/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....579	559	96.5	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	663,757	465,363	70.1	346

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-A.....	A.....	NO.....	...34060.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....59,436	83,185	140.0	15
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34060.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,882,370	1,315,677	69.9	820
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34060.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,393,058	911,909	65.5	777
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34060.....	.01/10/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,024,050	519,661	50.7	630
.....YES.....	AR-DM-IA-A.....	A.....	NO.....	...34000.....	.04/24/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204060.....	.04/24/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....424,591	348,301	82.0	162
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204060.....	.04/24/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....329,322	177,027	53.8	156
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204060.....	.04/24/2014	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....218,473	121,203	55.5	121
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	5,331,300	3,476,964	65.2	2,681

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-A.....	A.....	NO.....	...34000.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34060.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,056,351	938,061	88.8	531
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34060.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....529,118	328,170	62.0	343
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34060.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....190,163	86,936	45.7	129
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204060.....	.10/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....530,101	395,293	74.6	254
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204060.....	.10/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....435,955	270,197	62.0	264
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204060.....	.10/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....237,427	157,738	66.4	165
.....YES.....	AR-XM-IA-F.....	F.....	NO.....	...30560.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,557,722	1,807,340	70.7	1,452
.....YES.....	AR-XM-IA-G.....	G.....	NO.....	...30560.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....438,758	332,924	75.9	357
.....YES.....	AR-XM-IAHF.....	F.....	NO.....	...30560.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....89,227	23,398	26.2	118
.....YES.....	AR-XM-IA-N.....	N.....	NO.....	...30560.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....294,192	145,217	49.4	260
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	6,359,013	4,485,274	70.5	3,873

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.02/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....584,665	531,081	90.8	296
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.02/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....500,188	392,087	78.4	921
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.02/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....46,571	26,528	57.0	35
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....172,794	209,983	121.5	104
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....102,061	89,947	88.1	157
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....30,339	31,092	102.5	28
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.05/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....308,850	213,842	69.2	158
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.05/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....115,545	95,442	82.6	68
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.05/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,311	1,986	31.5	14
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.05/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....59,594	44,168	74.1	45
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,926,919	1,636,157	84.9	1,826

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.02/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,174,382	2,598,643	81.9	1,654
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.02/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....674,826	495,075	73.4	407
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.02/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....250,070	222,062	88.8	173
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....742,407	613,780	82.7	406
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....473,899	334,993	70.7	318
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....242,235	180,605	74.6	190
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.04/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....653,459	609,167	93.2	401
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.04/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....361,368	283,761	78.5	225
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30560.....	.04/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....12,759	17,207	134.9	20
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.04/27/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....500,215	416,839	83.3	348
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	7,085,621	5,772,131	81.5	4,142

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,624	444	9.6	3
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....9,868,157	7,949,065	80.6	5,786
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,018,097	2,250,190	74.6	2,232
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,352,478	935,044	69.1	1,087
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....842,289	644,121	76.5	485
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....549,827	426,696	77.6	390
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....169,873	101,075	59.5	136
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	15,805,345	12,306,635	77.9	10,119

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,921,235	6,278,383	90.7	3,446
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,819,027	1,359,162	74.7	1,239
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....722,008	468,207	64.8	554
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.08/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....422,362	425,972	100.9	218
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.08/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....324,473	239,737	73.9	213
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.08/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....109,468	59,059	54.0	84
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	10,318,575	8,830,520	85.6	5,754

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/16/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,142,203	4,776,192	92.9	2,636
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/16/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,220,977	1,017,263	83.3	865
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/16/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....543,291	321,923	59.3	421
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....547,334	455,402	83.2	319
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....295,392	180,679	61.2	207
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....129,945	93,046	71.6	103
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	7,879,142	6,844,506	86.9	4,551

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,399,076	1,140,770	81.5	770
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....889,241	672,671	75.6	1,314
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....181,081	160,739	88.8	119
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....304,218	235,696	77.5	167
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....268,860	170,062	63.3	245
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....102,010	83,509	81.9	77
.....YES.....	AR-XM-AA-A.....	A.....	NO.....	...30560.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,131	206	9.7	1
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....142,444	142,651	100.1	84
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....107,391	78,367	73.0	75
.....YES.....	AR-XM-AAHF.....	H.....	NO.....	...30560.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,923	4,365	73.7	12
.....YES.....	AR-XM-AAHF.....	N.....	NO.....	...30560.....	.06/09/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....80,955	57,876	71.5	65
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	3,483,331	2,746,913	78.9	2,929

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34000.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....96,975	170,200	175.5	48
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....399,625	337,368	84.4	167
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....237,122	169,820	71.6	124
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....151,484	111,632	73.7	83
.....YES.....	AR-DM-AA-A.....	A.....	NO.....	...204060.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....26,785	19,107	71.3	16
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....304,585	260,630	85.6	136
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....205,920	134,983	65.6	107
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.09/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....171,968	160,430	93.3	106
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,594,464	1,364,171	85.6	787

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....784,470	645,410	82.3	357
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....141,230	97,477	69.0	86
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....244,625	118,490	48.4	134
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204060.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....211,808	240,856	113.7	102
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204060.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....174,694	98,102	56.2	99
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204060.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....86,364	40,915	47.4	55
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,643,191	1,241,249	75.5	833

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,715	66	2.4	.....
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,683,302	2,238,658	83.4	1,498
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....419,911	294,728	70.2	295
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....310,030	178,078	57.4	214
.....YES.....	AR-DM-AA-A.....	A.....	NO.....	...204060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....478,983	422,651	88.2	290
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....168,559	130,641	77.5	127
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....106,975	63,094	59.0	81
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.06/23/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....170,450	144,430	84.7	145
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.06/23/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....34,847	15,556	44.6	29
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30560.....	.06/23/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,857	13,982	238.7	15
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.06/23/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....82,627	74,037	89.6	77
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	4,464,257	3,575,922	80.1	2,771

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/25/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,120,463	1,044,274	93.2	745
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/25/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....421,182	362,620	86.1	339
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/25/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....160,231	96,089	60.0	131
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....207,602	142,212	68.5	137
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....133,811	120,757	90.2	101
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....48,352	36,285	75.0	42
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.07/14/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....40,778	45,740	112.2	25
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.07/14/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,345	16,238	113.2	9
.....YES.....	AR-XM-AAHF.....	H.....	NO.....	...30560.....	.07/14/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,705	171	10.0	5
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.07/14/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,472	3,024	46.7	5
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,154,940	1,867,410	86.7	1,539

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....North Carolina

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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,872	742	39.6	1
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,781,863	2,341,107	84.2	1,376
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....940,352	649,996	69.1	608
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....333,877	206,005	61.7	234
.....YES.....	AR-DM-AA-A.....	A.....	NO.....	...204000.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....323,301	262,440	81.2	198
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....154,524	90,794	58.8	158
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....65,133	27,925	42.9	70
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.04/15/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....513,140	493,837	96.2	413
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.04/15/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....372,027	306,638	82.4	289
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30560.....	.04/15/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,817	940	19.5	18
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.04/15/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....391,194	224,303	57.3	329
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	5,882,098	4,604,728	78.3	3,694

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....19,393	11,564	59.6	11
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,552	8,275	96.8	8
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,196	5,714	136.2	4
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.06/30/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,950	3,861	97.8	5
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.06/30/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....229	108	47.3	1
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.06/30/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	36,321	29,522	81.3	29

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....941,794	852,072	90.5	552
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....404,906	344,785	85.2	676
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....76,546	51,368	67.1	55
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....148,667	122,083	82.1	90
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....69,123	60,840	88.0	104
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....16,231	12,070	74.4	14
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.06/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....103,092	90,776	88.1	79
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.06/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....27,652	22,192	80.3	25
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.06/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,775	6,061	160.6	7
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.06/11/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....44,293	30,406	68.6	43
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,836,078	1,592,653	86.7	1,645

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....New Hampshire



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-A.....	A.....	NO.....	...34060.....	.09/20/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34060.....	.09/20/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....162,973	94,803	58.2	67
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34060.....	.09/20/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....171,914	114,362	66.5	97
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34060.....	.09/20/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....90,821	42,132	46.4	64
.....YES.....	AR-DM-IA-A.....	A.....	NO.....	...204060.....	.12/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204060.....	.12/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....174,268	103,678	59.5	76
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204060.....	.12/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....128,568	52,224	40.6	77
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204060.....	.12/04/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....92,691	71,503	77.1	68
.....YES.....	AR-XM-IA-F.....	F.....	NO.....	...30500.....	.11/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,543	1,193	33.7	4
.....YES.....	AR-XM-IA-G.....	G.....	NO.....	...30500.....	.11/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	AR-XM-IAHF.....	F.....	NO.....	...30500.....	.11/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....137	132	96.1	1
.....YES.....	AR-XM-IA-N.....	N.....	NO.....	...30500.....	.11/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,330	1,011	76.0	6
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	826,244	481,039	58.2	460

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....347,870	290,910	83.6	220
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....191,275	108,751	56.9	226
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....44,398	41,382	93.2	41
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....226,532	181,319	80.0	142
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....95,764	66,932	69.9	109
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....58,374	33,745	57.8	51
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.06/03/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....104,305	66,635	63.9	74
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.06/03/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....15,878	15,149	95.4	13
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.06/03/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....298	138	46.2	3
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.06/03/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,992	5,668	70.9	12
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,092,686	810,630	74.2	891

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,728,093	2,903,916	77.9	1,902
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,496,813	1,155,448	77.2	1,370
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....604,139	363,871	60.2	465
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....343,345	270,256	78.7	172
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....257,070	196,757	76.5	204
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....100,273	59,192	59.0	79
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.09/17/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....243,017	219,743	90.4	147
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.09/17/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....93,559	75,910	81.1	68
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.09/17/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,995	8,336	119.2	16
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.09/17/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....81,925	52,880	64.5	72
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	6,955,227	5,306,309	76.3	4,495

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34000.....	.03/12/2013				Medicare Supplement.....			0.0		1,864	110	5.9	1
.....YES.....	AR-AM-AA-C.....	C.....	NO.....	...34000.....	.03/12/2013				Medicare Supplement.....			0.0		161,523	138,020	85.4	75
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.03/12/2013				Medicare Supplement.....			0.0		2,320,053	1,759,223	75.8	1,123
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/12/2013				Medicare Supplement.....			0.0		2,810,563	2,330,372	82.9	1,719
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/12/2013				Medicare Supplement.....			0.0		1,044,475	585,892	56.1	734
.....YES.....	AR-DM-AA-C.....	C.....	NO.....	...204000.....	.06/13/2013				Medicare Supplement.....			0.0		7	(212)	(3,110.0)	
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.06/13/2013				Medicare Supplement.....			0.0		215,305	223,480	103.8	106
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.06/13/2013				Medicare Supplement.....			0.0		274,714	209,159	76.1	182
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.06/13/2013				Medicare Supplement.....			0.0		134,581	120,624	89.6	95
.....YES.....	AR-XM-AA-A.....	A.....	NO.....	...30500.....	.06/05/2015				Medicare Supplement.....			0.0				0.0	
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.06/05/2015				Medicare Supplement.....			0.0		2,105,573	1,851,347	87.9	1,055
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.06/05/2015				Medicare Supplement.....			0.0		761,275	569,876	74.9	429
.....YES.....	AR-XM-AAHF.....	H.....	NO.....	...30500.....	.06/05/2015				Medicare Supplement.....			0.0		69,021	35,365	51.2	103
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.06/05/2015				Medicare Supplement.....			0.0		799,996	641,737	80.2	622
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	10,698,949	8,464,992	79.1	6,244

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,920	11,021	139.1	3
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,337,870	2,785,575	83.5	1,918
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....569,666	446,807	78.4	423
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....292,646	171,972	58.8	237
.....YES.....	AR-DM-AA-A.....	A.....	NO.....	...204060.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,757	823	46.8	1
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....491,595	497,519	101.2	313
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....188,476	142,102	75.4	162
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....119,395	91,980	77.0	106
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.05/18/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....107,577	116,604	108.4	98
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.05/18/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....36,574	28,937	79.1	36
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.05/18/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....364	173	47.6	3
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.05/18/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....26,861	16,359	60.9	30
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	5,180,702	4,309,874	83.2	3,330

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Pennsylvania



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-B.....	B.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....26,317	22,983	87.3	13
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....13,160,836	9,756,331	74.1	6,038
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,908,639	4,255,902	72.0	3,374
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,297,788	2,169,234	65.8	2,289
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/30/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,082,361	1,040,908	96.2	520
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/30/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....928,180	601,768	64.8	570
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/30/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....661,162	356,124	53.9	486
.....YES.....	AR-XM-AA-B.....	B.....	NO.....	...30560.....	.06/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,338	1,696	39.1	2
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.06/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....521,083	398,117	76.4	227
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.06/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....297,222	199,803	67.2	169
.....YES.....	AR-XM-AAHF.....	H.....	NO.....	...30560.....	.06/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....75,259	45,049	59.9	83
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.06/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....578,384	364,649	63.0	371
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	26,541,569	19,212,564	72.4	14,142

GENERAL INTERROGATORIES

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

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

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Rhode Island



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....47,368	36,160	76.3	26
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....35,745	33,340	93.3	31
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....17,339	7,192	41.5	17
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....13,933	7,374	52.9	6
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....23,436	63,545	271.1	15
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....17,285	11,801	68.3	12
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	155,106	159,412	102.8	107

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....South Carolina



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,443,313	4,414,975	81.1	3,162
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,386,957	1,809,024	75.8	1,656
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....532,573	414,930	77.9	466
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.03/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....773,540	644,735	83.3	457
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.03/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....508,591	380,197	74.8	363
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.03/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....162,293	126,861	78.2	141
.....YES.....	AR-XM-AA-A.....	A.....	NO.....	...30560.....	.04/20/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,436	618	43.0	1
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.04/20/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....793,941	682,695	86.0	503
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.04/20/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....326,192	264,314	81.0	236
.....YES.....	AR-XM-AAHF.....	H.....	NO.....	...30560.....	.04/20/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....41,033	21,500	52.4	66
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.04/20/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....325,447	261,596	80.4	268
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	11,295,316	9,021,446	79.9	7,319

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....South Dakota



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....238,651	221,286	92.7	126
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....42,642	37,295	87.5	33
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....12,338	9,772	79.2	9
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....38,616	29,423	76.2	25
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....17,822	14,686	82.4	13
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,873	1,785	20.1	10
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.04/16/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,644	5,201	60.2	9
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.04/16/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,190	3,361	41.0	8
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30560.....	.04/16/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,206	194	16.1	4
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.04/16/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,104	6,372	78.6	5
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	385,087	329,375	85.5	242

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....30,841	51,148	165.8	5
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,794,130	1,210,815	67.5	951
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....759,025	521,276	68.7	907
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....174,148	149,384	85.8	105
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....715,343	590,240	82.5	383
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....454,739	387,218	85.2	423
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....188,075	154,131	82.0	145
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.11/02/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....82,832	83,914	101.3	157
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.11/02/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....27,582	15,789	57.2	62
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30560.....	.11/02/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....348	290	83.4	6
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.11/02/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,763	5,362	69.1	34
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	4,234,825	3,169,568	74.8	3,178

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,256,476	2,221,067	176.8	281
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....10,762,742	8,944,985	83.1	5,925
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,671,468	1,999,111	74.8	1,641
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....810,660	664,465	82.0	561
.....YES.....	AR-DM-AA-A.....	A.....	NO.....	...204060.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....229,462	370,165	161.3	40
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,964,143	1,865,937	95.0	1,042
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,272,641	951,351	74.8	805
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....573,387	404,236	70.5	403
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	19,540,978	17,421,318	89.2	10,698

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....619,903	566,267	91.3	332
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....367,386	248,562	67.7	276
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....134,171	58,808	43.8	124
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....74,084	68,914	93.0	41
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....69,935	43,025	61.5	53
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,069	3,904	27.7	12
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.04/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....12,405	8,459	68.2	18
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.04/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,298	839	25.4	3
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.04/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,106	320	10.3	6
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.04/24/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....13,554	9,428	69.6	15
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,311,910	1,008,525	76.9	880

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,473	434	29.5	1
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....12,895,958	10,634,001	82.5	8,953
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,857,306	1,512,657	81.4	2,385
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....839,204	582,399	69.4	1,044
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30560.....	.12/31/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....37,070	35,094	94.7	102
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30560.....	.12/31/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,656	4,446	58.1	27
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30560.....	.12/31/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....601	173	28.9	4
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30560.....	.12/31/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,451	3,831	51.4	25
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	15,646,718	12,773,036	81.6	12,541

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-BASCDWI.....	I.....	NO.....	34060.....	.06/05/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....196,096	110,161	56.2	121
.....YES.....	AR-BASC-WI.....	O.....	NO.....	34060.....	.06/05/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,282,792	4,241,745	80.3	2,726
.....YES.....	AR-BASCWIX.....	I.....	NO.....	30560.....	.03/18/2015				Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,214,036	800,957	66.0	798
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	6,692,924	5,152,863	77.0	3,645

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....West Virginia



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,704,460	1,512,256	88.7	962
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....265,268	186,420	70.3	255
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....131,475	95,040	72.3	110
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.02/27/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....401,586	765,060	190.5	237
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.02/27/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....166,537	148,460	89.1	158
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.02/27/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....88,059	50,266	57.1	72
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.05/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....218,163	202,705	92.9	127
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.05/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....75,079	62,164	82.8	51
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.05/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....12,124	3,791	31.3	18
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.05/19/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....154,083	116,019	75.3	115
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	3,216,833	3,142,182	97.7	2,105

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013			Policies Issued in 2014, 2015 & 2016				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,226,346	1,121,771	91.5	839
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....346,900	277,979	80.1	571
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....84,169	41,535	49.3	77
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.08/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....385,150	356,097	92.5	254
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.08/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....173,880	153,598	88.3	187
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.08/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....53,653	53,232	99.2	47
.....YES.....	AR-XM-AA-F.....	F.....	NO.....	...30500.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....22,681	8,727	38.5	25
.....YES.....	AR-XM-AA-G.....	G.....	NO.....	...30500.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....14,115	9,362	66.3	17
.....YES.....	AR-XM-AAHF.....	F.....	NO.....	...30500.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,913	517	13.2	10
.....YES.....	AR-XM-AA-N.....	N.....	NO.....	...30500.....	.06/26/2015	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....21,018	19,305	91.9	29
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,331,824	2,042,124	87.6	2,056

GENERAL INTERROGATORIES

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

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

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

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

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



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

Of The.....American Retirement Life Insurance Company

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

NAIC Group Code.....0901

NAIC Company Code.....88366

Employer's ID Number.....59-2760189

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2012	2 2013	3 2014	4 2015	5 2016 (a)
1. Prior.....	NONE				
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

Section B - Other Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX	5,853	8,873	8,917	8,920
4. 2014.....	XXX	XXX	74,793	86,420	86,522
5. 2015.....	XXX	XXX	XXX	133,096	149,452
6. 2016.....	XXX	XXX	XXX	XXX	181,332

Section C - Credit Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX	NONE			
4. 2014.....	XXX				
5. 2015.....	XXX				
6. 2016.....	XXX				

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

American Retirement Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....	XXX				
4. 2014.....	XXX	XXX			
5. 2015.....	XXX	XXX	XXX	398	
6. 2016.....	XXX	XXX	XXX	XXX	530

Section C - Credit Accident and Health

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

American Retirement Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012.....				XXX	XXX
2. 2013.....	XXX				XXX
3. 2014.....	XXX	XXX			
4. 2015.....	XXX	XXX	XXX		
5. 2016.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2012.....				XXX	XXX
2. 2013.....	XXX	10,375	8,884	8,917	XXX
3. 2014.....	XXX	XXX	89,243	86,625	86,522
4. 2015.....	XXX	XXX	XXX	151,170	149,601
5. 2016.....	XXX	XXX	XXX	XXX	204,737

Section C - Credit Accident and Health

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

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012.....					
2. 2013.....	XXX				
3. 2014.....	XXX	XXX			
4. 2015.....	XXX	XXX	XXX		
5. 2016.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2012.....					
2. 2013.....	XXX	10,375	8,884	8,917	
3. 2014.....	XXX	XXX	89,243	86,625	86,522
4. 2015.....	XXX	XXX	XXX	151,568	149,601
5. 2016.....	XXX	XXX	XXX	XXX	205,267

Section C - Credit Accident and Health

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....	None.....	
2. Ordinary life.....	Standard Factor.....	10
3. Individual annuity.....	None.....	
4. Supplementary contracts.....	None.....	
5. Credit life.....	None.....	
6. Group life.....	None.....	
7. Group annuities.....	None.....	
8. Group accident and health.....	None.....	
9. Credit accident and health.....	None.....	
10. Other accident and health.....	Development.....	23,554
11. Total.....		23,564

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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