



QUARTERLY STATEMENT

As of June 30, 2017
of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730 (Current Period) (Prior Period)	NAIC Company Code..... 62375	Employer's ID Number..... 21-0706531
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... October 3, 1955	Commenced Business..... October 3, 1955	
Statutory Home Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Internet Web Site Address	www.ConsumersLife.com	
Statutory Statement Contact	Sharon Matonis (Name) Sharon.Matonis@medmutual.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-360-4073 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	President & CEO	2. Patricia Bunn Decensi	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Jared Paul Chaney	Richard Alan Chiricosta	Steffany Matticola Larkins
Raymond Karl Mueller			

State of..... Ohio
County of.... Cuyahoga

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) Richard Alan Chiricosta 1. (Printed Name) President & CEO (Title)	(Signature) Patricia Bunn Decensi 2. (Printed Name) Secretary (Title)	(Signature) Raymond Karl Mueller 3. (Printed Name) Treasurer (Title)
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Subscribed and sworn to before me
This _____ day of _____

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

Yes [X] No []

Statement as of June 30, 2017 of the **Consumers Life Insurance Company**
ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	22,226,658		22,226,658	22,277,908
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....17,184,471), cash equivalents (\$.....0) and short-term investments (\$....792,739).....	17,977,210		17,977,210	12,450,733
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	40,203,868	0	40,203,868	34,728,641
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	116,305		116,305	119,280
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,721,981		2,721,981	3,323,368
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	209,434		209,434	428,397
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	47,767		47,767	168,751
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	2,101,939		2,101,939	1,466,748
19. Guaranty funds receivable or on deposit.....	30,028		30,028	1,506
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	1,453,406		1,453,406	1,529,909
24. Health care (\$....281,065) and other amounts receivable.....	281,065		281,065	57,317
25. Aggregate write-ins for other than invested assets.....	16,127	14,786	1,341	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	47,181,920	14,786	47,167,134	41,823,917
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	47,181,920	14,786	47,167,134	41,823,917

DETAILS OF WRITE-INS

1101.....				0
1102.....				0
1103.....				0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other Receivables.....	16,127	14,786	1,341	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	16,127	14,786	1,341	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....1,059,000 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	1,059,000	1,589,000
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	4,449,000	3,932,000
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life.....	3,544,389	3,139,034
4.2 Accident and health.....	1,765,536	351,928
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid.....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....827,216 accident and health premiums.....	1,036,141	1,146,253
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....	3,919,307	4,735,736
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$....807,600 ceded.....	807,600	722,600
9.4 Interest Maintenance Reserve.....	25,042	28,519
10. Commissions to agents due or accrued - life and annuity contracts \$....112,782, accident and health \$....87,563 and deposit-type contract funds \$.....0.....	200,345	153,267
11. Commissions and expense allowances payable on reinsurance assumed.....	261,789	315,932
12. General expenses due or accrued.....		
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....	838,438	625,484
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	2,181,408	1,491,817
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....		
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve.....	47,689	42,097
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....		
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....	22,175	22,175
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	257,342	231,979
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	20,415,201	18,527,821
27. From Separate Accounts statement.....		
28. Total liabilities (Lines 26 and 27).....	20,415,201	18,527,821
29. Common capital stock.....	1,600,000	1,600,000
30. Preferred capital stock.....		
31. Aggregate write-ins for other-than-special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus.....	36,633,368	36,633,368
34. Aggregate write-ins for special surplus funds.....	205,000	0
35. Unassigned funds (surplus).....	(11,686,435)	(14,937,272)
36. Less treasury stock, at cost:		
36.1 ....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 ....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	25,151,933	21,696,096
38. Totals of Lines 29, 30 and 37.....	26,751,933	23,296,096
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	47,167,134	41,823,917

DETAILS OF WRITE-INS

2501. Unclaimed Funds and Other Liabilities.....	203,842	231,979
2502. Contingent Commissions Payable.....	53,500	
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	257,342	231,979
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401. Estimated 2018 Health Insurance Fee.....	205,000	
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	205,000	0

SUMMARY OF OPERATIONS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	24,753,978	16,052,593	31,389,605
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	182,551	177,669	338,752
4. Amortization of Interest Maintenance Reserve (IMR).....	3,478	795	3,722
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....	1,340	13,315	12,231
8.3 Aggregate write-ins for miscellaneous income.....			
9. Totals (Lines 1 to 8.3).....	24,941,347	16,244,372	31,744,310
10. Death benefits.....	8,692,666	7,448,162	16,301,114
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts.....	8,840,759	3,245,466	6,490,984
14. Coupons, guaranteed annual pure endowments and similar benefits.....			
15. Surrender benefits and withdrawals for life contracts.....			
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....			
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....	(617,000)	(210,500)	591,000
20. Totals (Lines 10 to 19).....	16,916,425	10,483,128	23,383,098
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	1,248,034	1,005,723	1,961,650
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses.....	2,251,102	1,695,198	3,064,159
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	988,212	379,317	1,141,058
25. Increase in loading on deferred and uncollected premiums.....			
26. Net transfers to or (from) Separate Accounts net of reinsurance.....			
27. Aggregate write-ins for deductions.....	73,383	458	126,821
28. Totals (Lines 20 to 27).....	21,477,156	13,563,824	29,676,786
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	3,464,191	2,680,548	2,067,524
30. Dividends to policyholders.....			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	3,464,191	2,680,548	2,067,524
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	689,592	937,191	1,420,556
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....			
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR).....	2,774,599	1,743,357	646,968
35. Net income (Line 33 plus Line 34).....	2,774,599	1,743,357	646,968
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year.....	23,296,096	21,607,971	21,607,971
37. Net income (Line 35).....	2,774,599	1,743,357	646,968
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....	635,191	520,945	1,008,049
41. Change in nonadmitted assets.....	51,639	47,343	38,810
42. Change in liability for reinsurance in unauthorized and certified companies.....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....			
44. Change in asset valuation reserve.....	(5,592)	(1,705)	(5,702)
45. Change in treasury stock.....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....			
47. Other changes in surplus in Separate Accounts Statement.....			
48. Change in surplus notes.....			
49. Cumulative effect of changes in accounting principles.....			
50. Capital changes:			
50.1 Paid in.....			
50.2 Transferred from surplus (Stock Dividend).....			
50.3 Transferred to surplus.....			
51. Surplus adjustment:			
51.1 Paid in.....			
51.2 Transferred to capital (Stock Dividend).....			
51.3 Transferred from capital.....			
51.4 Change in surplus as a result of reinsurance.....			
52. Dividends to stockholders.....	0	0	0
53. Aggregate write-ins for gains and losses in surplus.....	3,455,837	2,309,940	1,688,125
54. Net change in capital and surplus (Lines 37 through 53).....	26,751,933	23,917,911	23,296,096
55. Capital and surplus as of statement date (Lines 36 + 54).....			

DETAILS OF WRITE-INS

08.301. Other Income.....	1,340	13,315	12,231
08.302.			
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	1,340	13,315	12,231
2701. Other Expense.....	73,383	458	84,552
2702. Loss on Sale of Fixed Assets.....			42,269
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	73,383	458	126,821
5301.			
5302.			
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0	0

Consumers Life Insurance Company

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	25,117,824	16,298,482	32,872,120
2. Net investment income.....	236,776	257,800	504,387
3. Miscellaneous income.....	1,340	13,315	12,231
4. Total (Lines 1 through 3).....	25,355,940	16,569,597	33,388,738
5. Benefit and loss related payments.....	15,495,499	8,785,920	23,087,452
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	4,237,017	3,284,722	6,165,996
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	19,732,516	12,070,642	29,253,448
11. Net cash from operations (Line 4 minus Line 10).....	5,623,424	4,498,955	4,135,290
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		1,000,000	6,061,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	1,000,000	6,061,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			9,015,130
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	9,015,130
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	1,000,000	(2,954,130)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(96,947)	30,053	120,096
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(96,947)	30,053	120,096
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	5,526,477	5,529,008	1,301,256
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	12,450,733	11,149,477	11,149,477
19.2 End of period (Line 18 plus Line 19.1).....	17,977,210	16,678,485	12,450,733

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.001			
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Consumers Life Insurance Company
EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....			
2. Ordinary life insurance.....	111,547	96,733	195,520
3. Ordinary individual annuities.....			
4. Credit life (group and individual).....			
5. Group life insurance.....	13,693,589	12,018,804	24,249,643
6. Group annuities.....			
7. A&H - group.....	3,533,907	3,494,895	6,842,501
8. A&H - credit (group and individual).....			
9. A&H - other.....	9,797,793	2,630,789	4,457,721
10. Aggregate of all other lines of business.....	0	0	0
11. Subtotal.....	27,136,836	18,241,221	35,745,385
12. Deposit-type contracts.....			
13. Total.....	27,136,836	18,241,221	35,745,385

DETAILS OF WRITE-INS

1001.			
1002.			
1003.			
1098. Summary of remaining write-ins for Line 10 from overflow page.....	0	0	0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	0	0	0

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern**

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) Consumers Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 2,774,599	\$ 646,968
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 2,774,599	\$ 646,968
SURPLUS					
(5) Consumers Life Insurance Company state basis (Page 3, line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 26,751,933	\$ 23,296,096
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 26,751,933	\$ 23,296,096

C. Accounting Policy

No significant change.

D. Going Concern

No significant change.

Note 2 – Accounting Changes and Corrections of Errors

No significant change.

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

D. Loan-Backed Securities

Not applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

No significant change.

Note 9 – Income Taxes

No significant change.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

NOTES TO FINANCIAL STATEMENTS**Note 11 – Debt**

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

No significant change.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant change.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

Not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

No significant change.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

Note 20 – Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

			Level 1	Level 2	Level 3	Total
Assets at Fair Value						
			\$	\$	\$	\$
Total			\$	\$	\$	\$
Liabilities at Fair Value						
			\$	\$	\$	\$
Total			\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

	Beginning Balance at current period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlem-ents	Ending Balance at current period
a. Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

B. Not applicable.

NOTES TO FINANCIAL STATEMENTS

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 22,020,070	\$ 22,226,658	\$	\$ 22,020,070	\$	\$

D.

Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$			

Note 21 – Other Items

No significant change.

Note 22 – Events Subsequent

No significant change.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [X] No []

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	5,906
3. Premium adjustments payable due to ACA Risk Adjustment	2,618,000
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(604,000)
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 3,545

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 10,000
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	7,258
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	1,155
9. ACA Reinsurance contributions – not reported as ceded premium	\$

c. Temporary ACA Risk Corridors Program	AMOUNT
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expenses)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$

NOTES TO FINANCIAL STATEMENTS

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued Prior Year Written Before The Prior		During the Business Year on Dec. 31 of the Prior Year		Received or Business Before the Prior Year		Paid as of Year on Written Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
									Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8	9	10				
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)				
a. Permanent ACA Risk Adjustment Program														
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$			\$	
2. Premium adjustments (payable)		2,014,000					2,014,000		(50,000)	B			1,964,000	
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$ 2,014,000	\$	\$	\$	\$ 2,014,000	\$	\$ (50,000)	\$	\$			\$ 1,964,000	
b. Transitional ACA Reinsurance Program														
1. Amounts recoverable for claims paid	\$ 7,875	\$	\$	\$	\$ 7,875	\$	\$ 2,125	\$	C	\$ 10,000	\$			
2. Amounts recoverable for claims unpaid (contra liability)		970			970		(970)		D					
3. Amounts receivable relating to uninsured plans									E					
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		7,258				7,258			F					7,258
5. Ceded reinsurance premiums payable									G					
6. Liability for amounts held under uninsured plans									H					
6. Subtotal ACA Transitional Reinsurance Program	\$ 8,845	\$ 7,258	\$	\$	\$ 8,845	\$ 7,258	\$ 1,155	\$		\$ 10,000	\$	7,258		
c. Temporary ACA Risk Corridors Program														
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$			
2. Reserve for rate credits or policy experience rating refunds									J					
3. Subtotal ACA Risk Corridors Program														
d. Total for ACA Risk Sharing Provisions	\$ 8,845	\$ 2,021,258	\$	\$	\$ 8,845	\$ 2,021,258	\$ 1,155	\$ (50,000)		\$ 10,000	\$	1,971,258		

Explanations of Adjustments

- A. Not applicable.
- B. ACA Risk Adjustment based on the final risk adjustment report received from HHS on June 30, 2017.
- C. ACA Reinsurance based on the final reinsurance report received from HHS on June 30, 2017.
- D. ACA Reinsurance based on the final reinsurance report received from HHS on June 30, 2017.
- E. Not applicable.
- F. Not applicable.
- G. Not applicable.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.

NOTES TO FINANCIAL STATEMENTS

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued Prior Year Written Before The Prior		During the Business Before the Prior		Received or the Current Business Before the Prior		Paid as of Year on Written Dec 31 of Year		Differences		Adjustments		Unsettled as of the Reporting Date	
									Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	
	1	2	3	4	5	6	7	8			9	10	Receivable	(Payable)
a. 2014														
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$			A	\$	\$	
2. Reserve for rate credits for policy experience rating refunds											B			
b. 2015											C			
1. Accrued retrospective premium											D			
2. Reserve for rate credits for policy experience rating refunds														
c. 2016											E			
1. Accrued retrospective premium											F			
2. Reserve for rate credits or policy experience rating refunds														
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$			\$	\$		

- A. Not applicable.
- B. Not applicable.
- C. Not applicable.
- D. Not applicable.
- E. Not applicable.
- F. Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2015	\$	\$	\$	\$	\$	\$
c. 2016	\$	\$	\$	\$	\$	\$
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Reserves for unpaid claims adjustment expenses as of December 31, 2016 were \$3.1 million. As of June 30, 2017, \$2.0 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves available for prior years are \$0.8 million based on the estimation of unpaid claims and claims adjustment expenses at June 30, 2017. Therefore, there has been a \$0.3 million favorable prior year development since December 31, 2016. The redundancy that emerged resulted from differences in claims severity and utilization as compared to expectations.

Note 26 – Intercompany Pooling Arrangements

No significant change.

Note 27 – Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

There were no health contracts eligible for pharmaceutical rebates in 2015, therefore there were no receivable balances as of December 31, 2015. Pharmaceutical rebate activity for 2016 and 2017 is included in the table below.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/Confirmation
6/30/2017	\$90,000	-	-	-	-
3/31/2017	75,267	\$181,817	-	-	-
			-	-	-
12/31/2016	30,315	30,315	\$32,791	\$4,700	-
9/30/2016	28,000	27,002	27,232	-	-
6/30/2016	34,000	35,387	35,387	-	\$1,932
3/31/2016	24,000	26,373	26,373	-	1,265

NOTES TO FINANCIAL STATEMENTS

Note 29 – Participating policies

Not applicable.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – Reserves for Life Contracts and Deposit-Type Contracts

No significant change.

Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

Not applicable.

Note 33 – Premium and Annuity Considerations Deferred and Uncollected

No significant change.

Note 34 – Separate Accounts

Not applicable.

Note 35 – Loss/Claim Adjustment Expenses

No significant change.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/12/2016
- 6.4 By what department or departments?

OHIO DEPARTMENT OF INSURANCE

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 1,457,467**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 013. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

- 14.21 Bonds
 14.22 Preferred Stock
 14.23 Common Stock
 14.24 Short-Term Investments
 14.25 Mortgage Loans on Real Estate
 14.26 All Other
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 016.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 016.3 Total payable for securities lending reported on the liability page: \$ 017. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
FIFTH THIRD BANK	5050 KINGSLY DRIVE, CINCINNATI, OHIO 45263

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such "[...that have access to the investment accounts", "handle securities"].

1	2
Name of Firm or Individual	Affiliation
JIM CELLURA	I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

18.2 If no, list exceptions:

Consumers Life Insurance Company
GENERAL INTERROGATORIES (continued)
PART 2 - LIFE & HEALTH

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

		Amount
1.1	Long-term mortgages in good standing	
1.11	Farm mortgages.....	\$.....
1.12	Residential mortgages.....	\$.....
1.13	Commercial mortgages.....	\$.....
1.14	Total mortgages in good standing.....	\$..... 0
1.2	Long-term mortgages in good standing with restructured terms	
1.21	Total mortgages in good standing with restructured terms.....	\$.....
1.3	Long-term mortgage loans upon which interest is overdue more than three months	
1.31	Farm mortgages.....	\$.....
1.32	Residential mortgages.....	\$.....
1.33	Commercial mortgages.....	\$.....
1.34	Total mortgages with interest overdue more than three months.....	\$..... 0
1.4	Long-term mortgage loans in process of foreclosure	
1.41	Farm mortgages.....	\$.....
1.42	Residential mortgages.....	\$.....
1.43	Commercial mortgages.....	\$.....
1.44	Total mortgages in process of foreclosure.....	\$..... 0
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$..... 0
1.6	Long-term mortgages foreclosed, properties transferred to real estate in current quarter	
1.61	Farm mortgages.....	\$.....
1.62	Residential mortgages.....	\$.....
1.63	Commercial mortgages.....	\$.....
1.64	Total mortgages foreclosed and transferred to real estate.....	\$..... 0
2.	Operating Percentages:	
2.1	A&H loss percent.....	74.4
2.2	A&H cost containment percent.....	2.2
2.3	A&H expense percent excluding cost containment expenses.....	18.3
3.1	Do you act as a custodian for health savings accounts?.....	Yes [] No [X]
3.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
3.3	Do you act as an administrator for health savings accounts?.....	Yes [] No [X]
3.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

NONE

Consumers Life Insurance Company
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	Active Status	1		Direct Business Only				
		Life Contracts		4	5	6	7	
		2	3					
1. Alabama.....	.AL	N.						.0
2. Alaska.....	.AK	N.						.0
3. Arizona.....	.AZ	L.						.0
4. Arkansas.....	.AR	L.						.0
5. California.....	.CA	N.						.0
6. Colorado.....	.CO	L.						.0
7. Connecticut.....	.CT	N.						.0
8. Delaware.....	.DE	L.						.0
9. District of Columbia.....	DC	L.						.0
10. Florida.....	.FL	N.	14,659		1,000			.15,659
11. Georgia.....	.GA	L.						.0
12. Hawaii.....	.HI	N.						.0
13. Idaho.....	.ID	N.						.0
14. Illinois.....	.IL	L.						.0
15. Indiana.....	.IN	L.	18,201		8,526			.26,727
16. Iowa.....	.IA	L.						.0
17. Kansas.....	.KS	L.						.0
18. Kentucky.....	.KY	L.						.0
19. Louisiana.....	.LA	L.						.0
20. Maine.....	.ME	N.						.0
21. Maryland.....	.MD	L.						.0
22. Massachusetts.....	.MA	N.						.0
23. Michigan.....	.MI	L.	546,860		12,092			.558,952
24. Minnesota.....	.MN	L.						.0
25. Mississippi.....	.MS	L.						.0
26. Missouri.....	.MO	L.						.0
27. Montana.....	.MT	L.						.0
28. Nebraska.....	.NE	L.						.0
29. Nevada.....	.NV	L.						.0
30. New Hampshire.....	.NH	N.						.0
31. New Jersey.....	.NJ	L.						.0
32. New Mexico.....	.NM	L.						.0
33. New York.....	.NY	N.						.0
34. North Carolina.....	.NC	N.						.0
35. North Dakota.....	.ND	L.						.0
36. Ohio.....	.OH	L.	13,190,418		13,309,078			.26,499,496
37. Oklahoma.....	.OK	L.						.0
38. Oregon.....	.OR	L.						.0
39. Pennsylvania.....	.PA	L.	1,059		582			.1,641
40. Rhode Island.....	.RI	N.						.0
41. South Carolina.....	.SC	L.	33,939		422			.34,361
42. South Dakota.....	.SD	L.						.0
43. Tennessee.....	.TN	N.						.0
44. Texas.....	.TX	L.						.0
45. Utah.....	.UT	L.						.0
46. Vermont.....	.VT	N.						.0
47. Virginia.....	.VA	L.						.0
48. Washington.....	.WA	N.						.0
49. West Virginia.....	.WV	L.						.0
50. Wisconsin.....	.WI	L.						.0
51. Wyoming.....	.WY	L.						.0
52. American Samoa.....	.AS	N.						.0
53. Guam.....	.GU	N.						.0
54. Puerto Rico.....	.PR	N.						.0
55. US Virgin Islands.....	.VI	N.						.0
56. Northern Mariana Islands.....	.MP	N.						.0
57. Canada.....	.CAN	N.						.0
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0		.0
59. Subtotal.....		(a).35	13,805,136	0	13,331,700	0		.27,136,836
90. Reporting entity contributions for employee benefit plans.....		XXX						.0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX						.0
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX						.0
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX						.0
94. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0		.0
95. Totals (Direct Business).....		XXX	13,805,136	0	13,331,700	0		.27,136,836
96. Plus Reinsurance Assumed.....		XXX						.0
97. Totals (All Business).....		XXX	13,805,136	0	13,331,700	0		.27,136,836
98. Less Reinsurance Ceded.....		XXX	1,185,647		.1,197,211			.2,382,858
99. Totals (All Business) less Reinsurance Ceded.....		XXX	12,619,489	0	12,134,489	0		.24,753,978

DETAILS OF WRITE-INS

58001.....		XXX						.0
58002.....		XXX						.0
58003.....		XXX						.0
58998. Summary of remaining write-ins for line 58 from overflow page.....		XXX	0	0	0	0		.0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		XXX	0	0	0	0		.0
9401.....		XXX						.0
9402.....		XXX						.0
9403.....		XXX						.0
9498. Summary of remaining write-ins for line 94 from overflow page.....		XXX	0	0	0	0		.0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....		XXX	0	0	0	0		.0

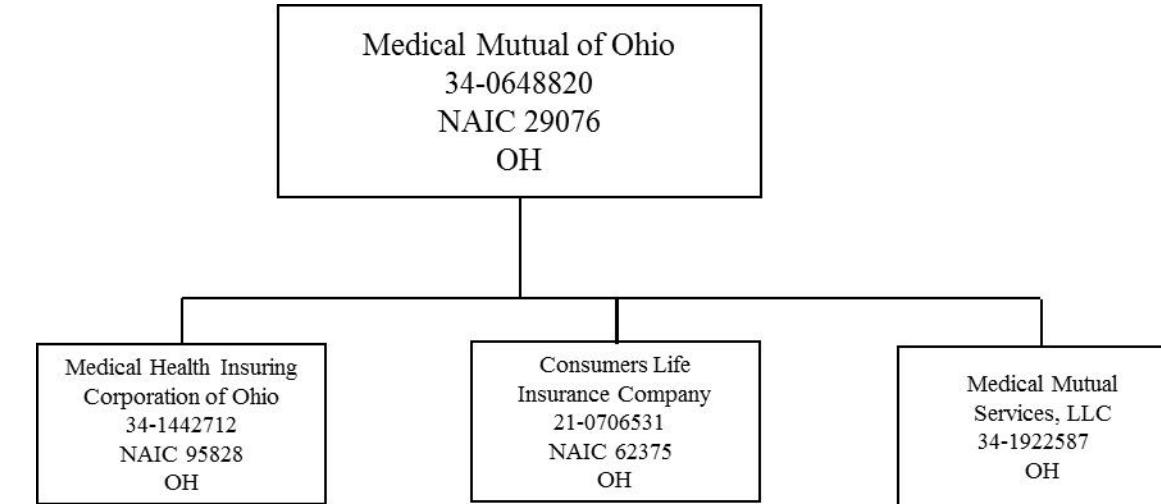
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



Q12

As of 6/30/17

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

1	2	3	4	5	6	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8	9	10	11	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15	16 Is an SCA Filing Required? (Y/N)
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK		Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)			Ultimate Controlling Entity(ies)/Person(s)		*
Members															
0730	Medical Mutual of Ohio.....	29076...	34-0648820...	.....	.....	.....	Medical Mutual of Ohio.....	OH.....	UDP.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	....N.....	.....
0730	Medical Mutual of Ohio.....	95828...	34-1442712...	.....	.....	.....	Medical Health Insuring Corporation of Ohio....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	....N.....	.....
0730	Medical Mutual of Ohio.....	62375...	21-0706531...	.....	.....	.....	Consumers Life Insurance Company.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	....N.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1922587...	.....	.....	.....	Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	....N.....	.....

Consumers Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. 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?	NO
5. 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?	NO
6. 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?	NO
7. 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?	NO

Explanations:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.

Bar Code:

Consumers Life Insurance Company
Overflow Page for Write-Ins

NONE

Consumers Life Insurance Company
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.0	.0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	.0	.0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	.0	.0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	.0	.0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	.0	.0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	22,277,908	19,427,767
2. Cost of bonds and stocks acquired.....		9,015,130
3. Accrual of discount.....	5,374	4,715
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		28,868
6. Deduct consideration for bonds and stocks disposed of.....		6,061,000
7. Deduct amortization of premium.....	56,624	137,572
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	22,226,658	22,277,908
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	22,226,658	22,277,908

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	22,940,610	104,495		(25,707)	22,940,610	23,019,398		22,837,692
2. NAIC 2 (a).....						0		
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	22,940,610	104,495	0	(25,707)	22,940,610	23,019,398	0	22,837,692
PREFERRED STOCK								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	22,940,610	104,495	0	(25,707)	22,940,610	23,019,398	0	22,837,692

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1**Short-Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	792,739	XXX.....	792,739	1,541	

SCHEDULE DA - VERIFICATION**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	559,784	3,013,827
2. Cost of short-term investments acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....	232,955	(2,454,043)
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	792,739	559,784
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	792,739	559,784

Sch. DB - Pt. A - Verification

NONE

Sch. DB - Pt. B - Verification

NONE

Sch. DB - Pt. C - Sn. 1

NONE

Sch. DB - Pt. C - Sn. 2

NONE

Sch. DB - Verification

NONE

Sch. E - Verification

NONE

Sch. A - Pt. 2

NONE

Sch. A - Pt. 3

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

Sch. D - Pt. 3

NONE

Sch. D - Pt. 4

NONE

Sch. DB - Pt. A - Sn. 1

NONE

Sch. DB - Pt. B - Sn. 1

NONE

Sch. DB - Pt. D - Sn. 1

NONE

Sch. DB - Pt. D - Sn. 2

NONE

Sch. DL - Pt. 1

NONE

Sch. DL - Pt. 2

NONE

Consumers Life Insurance Company
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

PNC BANK..... CLEVELAND, OHIO.....					.....13,712,294	.....12,555,248	.....17,184,470	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			.....1	.....1	.....1	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....13,712,295	.....12,555,249	.....17,184,471	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....13,712,295	.....12,555,249	.....17,184,471	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....13,712,295	.....12,555,249	.....17,184,471	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE