FRATERNAL ORDERS - ASSOCIATION EDITION

56383201720100100

ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 56383 Employer's ID Number..... 31-4273120

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

Incorporated/Organized..... October 4, 1890 Commenced Business..... January 16, 1888

Statutory Home Office	1801 Watermark Drive Suite 100..... Columbus ..... OH ..... US ..... 43215 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	1801 Watermark Drive Suite 100..... Columbus ..... OH ..... US..... 43215 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-848-0123 *(Area Code) (Telephone Number)*
Mail Address	1801 Watermark Drive Suite 100..... Columbus ..... OH ..... US ..... 43215 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	1801 Watermark Drive Suite 100..... Columbus ..... OH ..... US ..... 43215 *(Street and Number) (City or Town, State, Country and Zip Code)*	800-848-0123 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.uct.org	
Statutory Statement Contact	Kevin C Hecker *(Name)*	800-848-0123-1142 *(Area Code) (Telephone Number) (Extension)*
	khecker@uct.org *(E-Mail Address)*	614-487-9675 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Numan Dwight Loafman #	President	2. Stephen Randal Desselles	Secretary/Treasurer
3. Kevin Clare Hecker	Interim Chief Executive Officer; Sr. VP & CFO, CRO	4.	

OTHER

Ronald Allen Ives	Senior Vice-President, Chief Information Officer	Sandra Elizabeth Shafer	Vice-President, Fraternal
Jeffrey Lee Smith MAAA, FCA	Consulting Actuary		

DIRECTORS OR TRUSTEES

Gordon Paul Woodworth	Glenn Edward Suever	Stephen Randal Desselles	Mary Frances Applegate
Numan Dwight Loafman	Christopher Barry Phelan	David James Syrota	Dianna Jean Wolfe
Kenneth Eugene Milliser, Jr. #			

State of..... Ohio
County of..... Franklin

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

(Signature)	(Signature)	(Signature)
Numan Dwight Loafman #	Stephen Randal Desselles	Kevin Clare Hecker
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/Treasurer	Interim Chief Executive Officer; Sr. VP & CFO, CRO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 20th day of February 2018

Denise Sharif

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

b. If no 1. State the amendment number
2. Date filed
3. Number of pages attached

NOTARIAL SEAL STATE OF OHIO

DENISE SHARIF
Notary Public, State of Ohio
My Commission Expires 8-25-2020

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	266
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	266
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	7,158	7,189	0	17,085	16,836
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	315	323	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	7,473	7,512	0	17,085	16,836
26.	Totals (Line 24 + 25.7)	7,473	7,512	0	17,085	16,836

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,735
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	9,735
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	15,080
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
14.	All other benefits, except accident & health	0
15.	Total	15,080
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	2	15,000
	Settled during current year:		
18.1	By payment in full	2	15,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	15,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	15,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	25	383,522
21.	Issued during year	0	0
22.	Other changes to in force (net)	(4)	(22,000)
23.	In force December 31, current year	21	361,522

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	695,049	698,038	0	386,857	381,229
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	4,280	4,391	0	5,243	5,016
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	699,328	702,429	0	392,100	386,245
26.	Totals (Line 24 + 25.7)	699,328	702,429	0	392,100	386,245

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,260
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	7,260
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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	1,605
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	1,605
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	12	121,918
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(12,500)
23.	In force December 31, current year	10	109,418

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,384,174	1,390,127	0	1,226,449	1,208,606
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	14,968	15,357	0	2,785	2,664
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,399,142	1,405,484	0	1,229,234	1,211,270
26.	Totals (Line 24 + 25.7)	1,399,142	1,405,484	0	1,229,234	1,211,270

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,257
2.	Annuity considerations	1,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	6,257
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	9	65,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	9	65,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,662,459	1,669,609	0	1,077,327	1,061,654
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,439	3,528	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,665,898	1,673,137	0	1,077,327	1,061,654
26.	Totals (Line 24 + 25.7)	1,665,898	1,673,137	0	1,077,327	1,061,654

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	55,394
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	55,394
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	82,047
10.	Matured endowments	2,467
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	5,422
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	89,937
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	11	131,327
	Settled during current year:		
18.1	By payment in full	9	91,327
18.2	By payment on compromised claims	0	0
18.3	Total paid	9	91,327
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	9	91,327
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	40,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	153	1,814,739
21.	Issued during year	0	0
22.	Other changes to in force (net)	(10)	(111,440)
23.	In force December 31, current year	143	1,703,299

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	261,603	262,728	0	151,831	149,622
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	11,101	11,389	0	190	182
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	272,703	274,117	0	152,021	149,804
26.	Totals (Line 24 + 25.7)	272,703	274,117	0	152,021	149,804

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LIFE INSURANCE

DIRECT BUSINESS IN CANADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	17,421
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	17,421
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	57,393
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	16,165
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	73,558
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	40
17.	Incurred during current year	10	58,361
	Settled during current year:		
18.1	By payment in full	10	58,401
18.2	By payment on compromised claims	0	0
18.3	Total paid	10	58,401
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	10	58,401
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	286	2,373,437
21.	Issued during year	0	0
22.	Other changes to in force (net)	(28)	(55,509)
23.	In force December 31, current year	258	2,317,928

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	44,494	44,686	0	21,698	21,382
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	100,566	103,174	0	53,228	50,921
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	145,060	147,860	0	74,925	72,303
26.	Totals (Line 24 + 25.7)	145,060	147,860	0	74,925	72,303

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,144
2.	Annuity considerations	3,100
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	6,244
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	17	192,451
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	(750)
23.	In force December 31, current year	17	191,701

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,915,747	1,923,987	0	1,429,581	1,408,783
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,434	3,523	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,919,181	1,927,510	0	1,429,581	1,408,783
26.	Totals (Line 24 + 25.7)	1,919,181	1,927,510	0	1,429,581	1,408,783

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,359
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	5,359
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	6	112,630
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	6	112,630

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	6,393	6,420	0	2,256	2,223
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,547	2,613	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	8,940	9,033	0	2,256	2,223
26.	Totals (Line 24 + 25.7)	8,940	9,033	0	2,256	2,223

LIFE INSURANCE

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

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	470
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	470
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,717	3,733	0	3,537	3,486
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	25	26	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	3,742	3,759	0	3,537	3,486
26.	Totals (Line 24 + 25.7)	3,742	3,759	0	3,537	3,486

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	591
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	591
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	21,472
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	3	21,472

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	10,063	10,106	0	1,020	1,005
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	81	83	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	10,144	10,189	0	1,020	1,005
26.	Totals (Line 24 + 25.7)	10,144	10,189	0	1,020	1,005

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	62,771
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	62,771
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	127,811
10.	Matured endowments	0
11.	Annuity benefits	2,231
12.	Surrender values and withdrawals for life contracts	39,331
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	169,372
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	22,500
17.	Incurred during current year	12	125,825
	Settled during current year:		
18.1	By payment in full	13	126,325
18.2	By payment on compromised claims	0	0
18.3	Total paid	13	126,325
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	13	126,325
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	22,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	249	3,405,223
21.	Issued during year	0	0
22.	Other changes to in force (net)	(16)	(243,588)
23.	In force December 31, current year	233	3,161,635

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,613,548	2,624,789	0	2,392,281	2,357,476
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	15,738	16,146	0	7,957	7,612
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	57	57	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,629,344	2,640,993	0	2,400,238	2,365,089
26.	Totals (Line 24 + 25.7)	2,629,344	2,640,993	0	2,400,238	2,365,089

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	26,317
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	26,317
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	68,749
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
14.	All other benefits, except accident & health	0
15.	Total	68,749
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	20,000
17.	Incurred during current year	5	48,365
	Settled during current year:		
18.1	By payment in full	7	68,365
18.2	By payment on compromised claims	0	0
18.3	Total paid	7	68,365
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	7	68,365
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	124	1,367,059
21.	Issued during year	0	0
22.	Other changes to in force (net)	(7)	(68,365)
23.	In force December 31, current year	117	1,298,694

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	362,490	364,049	0	276,448	272,426
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,621	2,689	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	365,111	366,738	0	276,448	272,426
26.	Totals (Line 24 + 25.7)	365,111	366,738	0	276,448	272,426

LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	833,699
2.	Annuity considerations	50,563
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	884,262
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	1,529,292
10.	Matured endowments	3,884
11.	Annuity benefits	330,768
12.	Surrender values and withdrawals for life contracts	224,944
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	2,088,888
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	17	123,259
17.	Incurred during current year	163	1,624,153
	Settled during current year:		
18.1	By payment in full	164	1,545,815
18.2	By payment on compromised claims	0	0
18.3	Total paid	164	1,545,815
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	164	1,545,815
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	201,597
	POLICY EXHIBIT		
20.	In force December 31, prior year	3,673	48,068,795
21.	Issued during year	16	763,971
22.	Other changes to in force (net)	(263)	(3,312,446)
23.	In force December 31, current year	3,426	45,520,320

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	79	79	0	0	0
25.2	Guaranteed renewable	51,963,775	52,187,272	0	36,168,395	35,642,198
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	566,882	581,587	0	191,344	183,051
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	121	121	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	52,530,857	52,769,059	0	36,359,739	35,825,249
26.	Totals (Line 24 + 25.7)	52,530,857	52,769,059	0	36,359,739	35,825,249

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	1,317	1,298
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	75	77	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	75	77	0	1,317	1,298
26.	Totals (Line 24 + 25.7)	75	77	0	1,317	1,298

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	10,442
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	10,442
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	77,759
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	7,270
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	85,029
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	8,000
17.	Incurred during current year	6	69,267
	Settled during current year:		
18.1	By payment in full	7	77,267
18.2	By payment on compromised claims	0	0
18.3	Total paid	7	77,267
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	7	77,267
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	61	533,052
21.	Issued during year	0	0
22.	Other changes to in force (net)	(9)	(93,767)
23.	In force December 31, current year	52	439,285

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,385,217	1,391,175	0	532,621	524,872
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	10,921	11,204	0	3,540	3,386
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,396,138	1,402,379	0	536,160	528,258
26.	Totals (Line 24 + 25.7)	1,396,138	1,402,379	0	536,160	528,258

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,991,487	3,004,354	0	2,177,775	2,146,092
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	1,619	1,661	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,993,106	3,006,014	0	2,177,775	2,146,092
26.	Totals (Line 24 + 25.7)	2,993,106	3,006,014	0	2,177,775	2,146,092

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	44,303
2.	Annuity considerations	550
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	44,853
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	119,465
10.	Matured endowments	0
11.	Annuity benefits	37,494
12.	Surrender values and withdrawals for life contracts	35,931
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	192,890
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	16	148,977
	Settled during current year:		
18.1	By payment in full	14	118,977
18.2	By payment on compromised claims	0	0
18.3	Total paid	14	118,977
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	14	118,977
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	30,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	245	3,528,401
21.	Issued during year	0	0
22.	Other changes to in force (net)	(27)	(385,629)
23.	In force December 31, current year	218	3,142,772

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,445,560	2,456,078	0	1,665,507	1,641,276
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	35,765	36,693	0	7,648	7,317
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,481,325	2,492,771	0	1,673,155	1,648,593
26.	Totals (Line 24 + 25.7)	2,481,325	2,492,771	0	1,673,155	1,648,593

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	41,397
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	41,397
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	42,084
10.	Matured endowments	0
11.	Annuity benefits	107,968
12.	Surrender values and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	150,052
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	20,000
17.	Incurred during current year	3	22,000
	Settled during current year:		
18.1	By payment in full	4	42,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	4	42,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	4	42,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	120	2,065,460
21.	Issued during year	2	18,108
22.	Other changes to in force (net)	(6)	(97,000)
23.	In force December 31, current year	116	1,986,568

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,194,136	3,207,874	0	2,296,646	2,263,233
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	18,962	19,453	0	10,660	10,198
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	3,213,098	3,227,328	0	2,307,306	2,273,431
26.	Totals (Line 24 + 25.7)	3,213,098	3,227,328	0	2,307,306	2,273,431

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	10,812
2.	Annuity considerations	11,886
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	22,698
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	50,205
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
14.	All other benefits, except accident & health	0
15.	Total	50,205
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	2	50,000
	Settled during current year:		
18.1	By payment in full	2	50,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	50,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	50,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	51	501,360
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(62,000)
23.	In force December 31, current year	49	439,360

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	323,364	324,755	0	183,485	180,815
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	9,513	9,760	0	441	422
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	332,877	334,514	0	183,925	181,237
26.	Totals (Line 24 + 25.7)	332,877	334,514	0	183,925	181,237

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	31,396
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	31,396
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	35,424
10.	Matured endowments	0
11.	Annuity benefits	716
12.	Surrender values and withdrawals for life contracts	15,139
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	51,279
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	4	45,168
	Settled during current year:		
18.1	By payment in full	3	35,168
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	35,168
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	35,168
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	107	1,760,112
21.	Issued during year	1	7,863
22.	Other changes to in force (net)	(6)	(115,773)
23.	In force December 31, current year	102	1,652,202

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	140,605	141,210	0	80,469	79,299
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	5,828	5,979	0	1,454	1,391
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	146,433	147,189	0	81,923	80,690
26.	Totals (Line 24 + 25.7)	146,433	147,189	0	81,923	80,690

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	20,803
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	20,803
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	37,203
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	1,486
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	38,689
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year	4	27,000
	Settled during current year:		
18.1	By payment in full	5	37,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	5	37,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	5	37,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	63	1,116,897
21.	Issued during year	0	0
22.	Other changes to in force (net)	(6)	(96,693)
23.	In force December 31, current year	57	1,020,204

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,817,512	1,825,329	0	1,098,921	1,082,934
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,176	3,258	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,820,688	1,828,587	0	1,098,921	1,082,934
26.	Totals (Line 24 + 25.7)	1,820,688	1,828,587	0	1,098,921	1,082,934

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,019
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	5,019
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	44
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
14.	All other benefits, except accident & health	0
15.	Total	44
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	44
	Settled during current year:		
18.1	By payment in full	1	44
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	44
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	44
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	22	166,103
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(44)
23.	In force December 31, current year	21	166,059

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	53,284	53,514	0	46,872	46,190
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	11,807	12,113	0	2,524	2,415
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	18	18	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	65,109	65,645	0	49,396	48,605
26.	Totals (Line 24 + 25.7)	65,109	65,645	0	49,396	48,605

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,194
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	4,194
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	7	31,355
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	7	31,355

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	43,971	44,161	0	13,294	13,101
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,751	2,823	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	46,723	46,983	0	13,294	13,101
26.	Totals (Line 24 + 25.7)	46,723	46,983	0	13,294	13,101

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	10,000
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	2,400
12.	Surrender values and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	2,400
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	45,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	3	45,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	5,226	5,248	0	17,860	17,600
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,204	2,261	0	1,002	959
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	7,429	7,509	0	18,863	18,559
26.	Totals (Line 24 + 25.7)	7,429	7,509	0	18,863	18,559

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	75,118
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	85,118
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	241,492
10.	Matured endowments	0
11.	Annuity benefits	31,969
12.	Surrender values and withdrawals for life contracts	24,518
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	297,979
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	22	256,829
	Settled during current year:		
18.1	By payment in full	21	255,305
18.2	By payment on compromised claims	0	0
18.3	Total paid	21	255,305
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	21	255,305
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	6,524
	POLICY EXHIBIT		
20.	In force December 31, prior year	422	6,851,044
21.	Issued during year	0	0
22.	Other changes to in force (net)	(32)	(537,543)
23.	In force December 31, current year	390	6,313,501

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,225,123	1,230,392	0	811,615	799,807
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	38,199	39,190	0	1,762	1,685
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,263,321	1,269,581	0	813,376	801,492
26.	Totals (Line 24 + 25.7)	1,263,321	1,269,581	0	813,376	801,492

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,578
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	5,578
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	15	230,332
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	5,374
23.	In force December 31, current year	15	235,706

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	97,719	98,139	0	54,744	53,948
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	11,789	12,094	0	10,741	10,276
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	109,508	110,234	0	65,486	64,224
26.	Totals (Line 24 + 25.7)	109,508	110,234	0	65,486	64,224

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	18,519
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	18,519
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	11,249
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	873
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	12,122
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	4,000
17.	Incurred during current year	3	12,180
	Settled during current year:		
18.1	By payment in full	3	11,180
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	11,180
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	11,180
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	77	755,217
21.	Issued during year	2	50,000
22.	Other changes to in force (net)	(5)	(77,056)
23.	In force December 31, current year	74	728,161

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	957,088	961,205	0	630,147	620,979
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	10,980	11,265	0	2,958	2,830
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	968,068	972,469	0	633,105	623,809
26.	Totals (Line 24 + 25.7)	968,068	972,469	0	633,105	623,809

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	26,838
2.	Annuity considerations	200
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	27,038
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	15,059
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	2,777
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	17,837
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	3	65,000
	Settled during current year:		
18.1	By payment in full	2	15,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	15,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	15,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	50,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	96	1,269,731
21.	Issued during year	0	0
22.	Other changes to in force (net)	(5)	(175,000)
23.	In force December 31, current year	91	1,094,731

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	4,104,118	4,121,770	0	2,778,028	2,737,612
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,711	2,781	0	150	144
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	4,106,829	4,124,551	0	2,778,178	2,737,755
26.	Totals (Line 24 + 25.7)	4,106,829	4,124,551	0	2,778,178	2,737,755

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	548
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	548
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	2	15,396
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	2	15,396

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,191,693	1,196,818	0	878,303	865,525
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	7,124	7,308	0	48	46
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,198,816	1,204,126	0	878,350	865,570
26.	Totals (Line 24 + 25.7)	1,198,816	1,204,126	0	878,350	865,570

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	16,329
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	16,329
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	40,647
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	4,138
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	44,785
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	3	40,000
	Settled during current year:		
18.1	By payment in full	3	40,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	40,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	40,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	64	983,860
21.	Issued during year	0	0
22.	Other changes to in force (net)	(7)	(271,500)
23.	In force December 31, current year	57	712,360

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,541,641	1,548,272	0	1,064,622	1,049,134
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	8,478	8,698	0	2,329	2,228
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,550,119	1,556,969	0	1,066,951	1,051,362
26.	Totals (Line 24 + 25.7)	1,550,119	1,556,969	0	1,066,951	1,051,362

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,930
2.	Annuity considerations	2,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	6,930
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	5,654
10.	Matured endowments	0
11.	Annuity benefits	198
12.	Surrender values and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	5,852
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	5,625
	Settled during current year:		
18.1	By payment in full	1	5,625
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	5,625
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	5,625
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	29	327,897
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(5,625)
23.	In force December 31, current year	28	322,272

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,037,009	1,041,470	0	676,243	666,405
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	5,503	5,646	0	200	192
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,042,513	1,047,116	0	676,444	666,596
26.	Totals (Line 24 + 25.7)	1,042,513	1,047,116	0	676,444	666,596

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,141
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	9,141
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	5,017
10.	Matured endowments	0
11.	Annuity benefits	128,887
12.	Surrender values and withdrawals for life contracts	3,580
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	137,484
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	5,000
	Settled during current year:		
18.1	By payment in full	1	5,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	5,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	34	360,088
21.	Issued during year	2	35,000
22.	Other changes to in force (net)	(2)	(10,000)
23.	In force December 31, current year	34	385,088

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	5,413,663	5,436,948	0	3,626,221	3,573,465
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	15,284	15,680	0	6,771	6,477
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	5,428,947	5,452,628	0	3,632,992	3,579,942
26.	Totals (Line 24 + 25.7)	5,428,947	5,452,628	0	3,632,992	3,579,942

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,340
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	1,340
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	593
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	7,716
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	8,309
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	565
	Settled during current year:		
18.1	By payment in full	1	565
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	565
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	565
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	8	33,154
21.	Issued during year	0	0
22.	Other changes to in force (net)	(3)	(14,087)
23.	In force December 31, current year	5	19,067

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	12,418	12,472	0	19,285	19,004
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,696	2,766	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	15,114	15,237	0	19,285	19,004
26.	Totals (Line 24 + 25.7)	15,114	15,237	0	19,285	19,004

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	14,230
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	14,230
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	25,108
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	7,766
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	32,874
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	3	25,000
	Settled during current year:		
18.1	By payment in full	3	25,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	25,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	25,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	73	545,595
21.	Issued during year	0	0
22.	Other changes to in force (net)	(5)	(43,557)
23.	In force December 31, current year	68	502,038

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	21,020	21,110	0	19,201	18,922
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	603	618	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	21,623	21,729	0	19,201	18,922
26.	Totals (Line 24 + 25.7)	21,623	21,729	0	19,201	18,922

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	234
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	234
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	21,822	21,915	0	8,458	8,335
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	178	183	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	22,000	22,098	0	8,458	8,335
26.	Totals (Line 24 + 25.7)	22,000	22,098	0	8,458	8,335

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,088
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	2,088
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	45,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	3	45,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	501,107	503,262	0	328,718	323,936
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	1,419	1,456	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	502,526	504,718	0	328,718	323,936
26.	Totals (Line 24 + 25.7)	502,526	504,718	0	328,718	323,936

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,870
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	1,870
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	17,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	(1,750)
23.	In force December 31, current year	3	15,250

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	47,100	47,303	0	29,369	28,942
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	17,716	18,175	0	9,780	9,356
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	64,816	65,478	0	39,148	38,297
26.	Totals (Line 24 + 25.7)	64,816	65,478	0	39,148	38,297

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	73,386
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	73,386
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	124,569
10.	Matured endowments	0
11.	Annuity benefits	3,137
12.	Surrender values and withdrawals for life contracts	19,154
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	146,860
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	16	141,550
	Settled during current year:		
18.1	By payment in full	14	124,068
18.2	By payment on compromised claims	0	0
18.3	Total paid	14	124,068
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	14	124,068
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	17,482
	POLICY EXHIBIT		
20.	In force December 31, prior year	367	5,346,801
21.	Issued during year	0	0
22.	Other changes to in force (net)	(22)	(267,725)
23.	In force December 31, current year	345	5,079,076

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	52	52	0	0	0
25.2	Guaranteed renewable	806,098	809,565	0	526,402	518,744
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	54,394	55,805	0	9,279	8,877
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	46	46	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	860,589	865,467	0	535,681	527,621
26.	Totals (Line 24 + 25.7)	860,589	865,467	0	535,681	527,621

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	13,499
2.	Annuity considerations	1,177
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	14,676
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	50,138
10.	Matured endowments	0
11.	Annuity benefits	1,308
12.	Surrender values and withdrawals for life contracts	389
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	51,835
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	3	50,000
	Settled during current year:		
18.1	By payment in full	3	50,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	50,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	50,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	61	688,521
21.	Issued during year	0	0
22.	Other changes to in force (net)	(8)	(45,549)
23.	In force December 31, current year	53	642,972

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	455,925	457,886	0	273,006	269,034
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	8,936	9,168	0	1,562	1,494
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	464,861	467,054	0	274,568	270,528
26.	Totals (Line 24 + 25.7)	464,861	467,054	0	274,568	270,528

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	15,726
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	15,726
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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	7,990
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	7,990
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	35	1,298,054
21.	Issued during year	2	105,000
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	36	1,393,054

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,519,582	1,526,118	0	999,725	985,181
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	5,343	5,482	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,524,926	1,531,600	0	999,725	985,181
26.	Totals (Line 24 + 25.7)	1,524,926	1,531,600	0	999,725	985,181

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	37,613
2.	Annuity considerations	250
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	37,863
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	85,242
10.	Matured endowments	0
11.	Annuity benefits	11,735
12.	Surrender values and withdrawals for life contracts	12,696
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	109,673
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	11,000
17.	Incurred during current year	9	73,570
	Settled during current year:		
18.1	By payment in full	11	84,570
18.2	By payment on compromised claims	0	0
18.3	Total paid	11	84,570
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	11	84,570
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	212	2,244,217
21.	Issued during year	0	0
22.	Other changes to in force (net)	(14)	(118,740)
23.	In force December 31, current year	198	2,125,477

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	28	27	0	0	0
25.2	Guaranteed renewable	583,121	585,629	0	460,625	453,923
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	22,999	23,596	0	6,126	5,861
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	606,147	609,252	0	466,751	459,784
26.	Totals (Line 24 + 25.7)	606,147	609,252	0	466,751	459,784

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LIFE INSURANCE

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,933
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	2,933
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,050
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
14.	All other benefits, except accident & health	0
15.	Total	10,050
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	10,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	13	132,554
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	12	122,554

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	448	450	0	2,236	2,204
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	7,306	7,496	0	1,273	1,218
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	7,754	7,946	0	3,509	3,422
26.	Totals (Line 24 + 25.7)	7,754	7,946	0	3,509	3,422

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	6,929
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	6,929
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	8,257
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
14.	All other benefits, except accident & health	0
15.	Total	8,257
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	2	8,000
	Settled during current year:		
18.1	By payment in full	2	8,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	8,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	8,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	30	398,857
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(8,000)
23.	In force December 31, current year	28	390,857

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	395,775	397,477	0	328,012	323,240
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,813	2,886	0	396	379
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	398,588	400,363	0	328,408	323,618
26.	Totals (Line 24 + 25.7)	398,588	400,363	0	328,408	323,618

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,885
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	9,885
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,092
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
14.	All other benefits, except accident & health	0
15.	Total	10,092
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	10,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	34	293,058
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	33	283,058

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	466,308	468,314	0	293,678	289,405
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	4,245	4,355	0	6,943	6,642
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	470,552	472,668	0	300,621	296,048
26.	Totals (Line 24 + 25.7)	470,552	472,668	0	300,621	296,048

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	31,421
2.	Annuity considerations	400
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	31,821
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	49,257
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	4,487
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	53,744
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	7	64,000
	Settled during current year:		
18.1	By payment in full	5	49,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	5	49,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	5	49,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	20,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	133	1,196,632
21.	Issued during year	1	3,000
22.	Other changes to in force (net)	(9)	(104,343)
23.	In force December 31, current year	125	1,095,289

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	277,691	278,886	0	172,957	170,440
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	4,794	4,918	0	1,203	1,151
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	282,485	283,804	0	174,160	171,591
26.	Totals (Line 24 + 25.7)	282,485	283,804	0	174,160	171,591

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	55,091
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	55,091
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	63,408
10.	Matured endowments	1,417
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
14.	All other benefits, except accident & health	0
15.	Total	64,825
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	4	17,128
17.	Incurred during current year	6	45,475
	Settled during current year:		
18.1	By payment in full	10	62,603
18.2	By payment on compromised claims	0	0
18.3	Total paid	10	62,603
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	10	62,603
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	223	2,698,783
21.	Issued during year	4	275,000
22.	Other changes to in force (net)	(13)	(138,868)
23.	In force December 31, current year	214	2,834,915

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,374,767	1,380,680	0	1,027,785	1,012,833
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	12,889	13,224	0	1,171	1,120
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,387,656	1,393,903	0	1,028,957	1,013,953
26.	Totals (Line 24 + 25.7)	1,387,656	1,393,903	0	1,028,957	1,013,953

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	999
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	999
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	1	250,000
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	1	250,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	598,266	600,839	0	436,408	430,059
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,058	3,137	0	70	67
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	601,324	603,976	0	436,478	430,126
26.	Totals (Line 24 + 25.7)	601,324	603,976	0	436,478	430,126

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	20,455
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	20,455
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,460
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values and withdrawals for life contracts	6,002
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	16,462
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	3	10,389
	Settled during current year:		
18.1	By payment in full	3	10,389
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	10,389
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	10,389
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	108	1,211,985
21.	Issued during year	0	0
22.	Other changes to in force (net)	(4)	(32,919)
23.	In force December 31, current year	104	1,179,066

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,870,620	2,882,966	0	2,051,005	2,021,166
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	15,239	15,634	0	15,130	14,474
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,885,859	2,898,601	0	2,066,135	2,035,640
26.	Totals (Line 24 + 25.7)	2,885,859	2,898,601	0	2,066,135	2,035,640

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

NONE

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	6,332	6,360	0	4,963	4,891
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	883	906	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	7,215	7,266	0	4,963	4,891
26.	Totals (Line 24 + 25.7)	7,215	7,266	0	4,963	4,891

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	222
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	222
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	11,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	1	11,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	112,066	112,548	0	56,429	55,608
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	4,104	4,210	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	116,170	116,758	0	56,429	55,608
26.	Totals (Line 24 + 25.7)	116,170	116,758	0	56,429	55,608

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	15,827
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	25,827
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	59,736
10.	Matured endowments	0
11.	Annuity benefits	547
12.	Surrender values and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	60,283
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	2	59,636
	Settled during current year:		
18.1	By payment in full	2	59,636
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	59,636
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	59,636
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	45	655,201
21.	Issued during year	0	0
22.	Other changes to in force (net)	(3)	(65,500)
23.	In force December 31, current year	42	589,701

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,558,676	2,569,681	0	1,997,803	1,968,738
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	26,630	27,321	0	1,619	1,549
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,585,306	2,597,002	0	1,999,422	1,970,287
26.	Totals (Line 24 + 25.7)	2,585,306	2,597,002	0	1,999,422	1,970,287

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	10,601
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	10,601
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	2,177
12.	Surrender values and withdrawals for life contracts	509
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	2,685
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	21	838,627
21.	Issued during year	1	20,000
22.	Other changes to in force (net)	(1)	(5,000)
23.	In force December 31, current year	21	853,627

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,290,278	1,295,828	0	876,190	863,443
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	7,945	8,151	0	15,120	14,465
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,298,223	1,303,979	0	891,310	877,907
26.	Totals (Line 24 + 25.7)	1,298,223	1,303,979	0	891,310	877,907

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	589
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	589
	DIRECT REFUNDS TO MEMBERS	
	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	Total (Sum of Lines 6.1 to 6.4)	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	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	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
14.	All other benefits, except accident & health	0
15.	Total	0
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 through 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
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	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	15,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	1	15,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,109,042	1,113,812	0	635,082	625,843
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	893	916	0	40	38
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,109,936	1,114,729	0	635,122	625,881
26.	Totals (Line 24 + 25.7)	1,109,936	1,114,729	0	635,122	625,881

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	222,666
2. Current year's realized pre-tax capital gains/(losses) of $.....0 transferred into the reserve net of taxes of $.....24,766	(24,766)
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)	197,900
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	15,769
6. Reserve as of December 31, current year (Line 4 minus Line 5)	182,131

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. 2017	38,924	(23,155)	0	15,769
2. 2018	33,685	(2,675)	0	31,010
3. 2019	23,825	552	0	24,377
4. 2020	18,030	399	0	18,429
5. 2021	16,178	242	0	16,420
6. 2022	15,124	78	0	15,202
7. 2023	14,062	(7)	0	14,055
8. 2024	12,913	(7)	0	12,906
9. 2025	11,677	(7)	0	11,670
10. 2026	10,091	(7)	0	10,084
11. 2027	7,840	(8)	0	7,832
12. 2028	5,874	(8)	0	5,866
13. 2029	4,549	(9)	0	4,540
14. 2030	3,242	(9)	0	3,233
15. 2031	2,142	(9)	0	2,133
16. 2032	1,578	(10)	0	1,568
17. 2033	1,287	(10)	0	1,277
18. 2034	988	(10)	0	978
19. 2035	603	(11)	0	592
20. 2036	190	(11)	0	179
21. 2037	(17)	(12)	0	(29)
22. 2038	(18)	(12)	0	(30)
23. 2039	(19)	(11)	0	(30)
24. 2040	(20)	(10)	0	(30)
25. 2041	(19)	(9)	0	(28)
26. 2042	(17)	(9)	0	(26)
27. 2043	(13)	(7)	0	(20)
28. 2044	(8)	(6)	0	(14)
29. 2045	(4)	(4)	0	(8)
30. 2046	(1)	(3)	0	(4)
31. 2047 and Later	0	(1)	0	(1)
32. Total (Lines 1 to 31)	222,666	(24,766)	0	197,900

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	54,527	0	54,527	0	0	0	54,527
2. Realized capital gains/(losses) net of taxes - General Account	0	0	0	0	0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	0	0	0	0	0	0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	9,201	0	9,201	0	0	0	9,201
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	63,727	0	63,728	0	0	0	63,728
9. Maximum reserve	55,419	0	55,419	0	0	0	55,419
10. Reserve objective	39,641	0	39,641	0	0	0	39,641
11. 20% of (Line 10 minus Line 8)	(4,817)	(0)	(4,817)	0	(0)	(0)	(4,817)
12. Balance before transfers (Lines 8 + 11)	58,910	0	58,910	0	0	0	58,910
13. Transfers	0	0	0	0	0	0	0
14. Voluntary contribution	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero	(3,491)	0	(3,491)	0	0	0	(3,491)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	55,419	0	55,419	0	0	0	55,419

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	2,160,047	XXX	XXX	2,160,047	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	10,708,979	XXX	XXX	10,708,979	0.0004	4,284	0.0023	24,631	0.0030	32,127
3	2	High quality	2,588,006	XXX	XXX	2,588,006	0.0019	4,917	0.0058	15,010	0.0090	23,292
4	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total long-term bonds (sum of Lines 1 through 8)	15,457,032	XXX	XXX	15,457,032	XXX	9,201	XXX	39,641	XXX	55,419
		PREFERRED STOCKS										
10	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR	0	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	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default	0	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)	15,457,032	XXX	XXX	15,457,032	XXX	9,201	XXX	39,641	XXX	55,419

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		Collectively Renewable		Other Individual Contracts									
					Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS														
1. Premiums written	12,085,369	XXX	0	XXX	79	XXX	11,533,955	XXX	0	XXX	551,214	XXX	121	XXX
2. Premiums earned	12,062,913	XXX	0	XXX	79	XXX	11,497,126	XXX	0	XXX	565,587	XXX	121	XXX
3. Incurred claims	7,451,245	61.8	0	0.0	0	0.0	7,268,194	63.2	0	0.0	183,051	32.4	0	0.0
4. Cost containment expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	7,451,245	61.8	0	0.0	0	0.0	7,268,194	63.2	0	0.0	183,051	32.4	0	0.0
6. Increase in contract reserves	(22,875)	(0.2)	0	0.0	32	40.5	1,752	0.0	0	0.0	(24,711)	(4.4)	52	43.0
7. Commissions (a)	(1,208,637)	(10.0)	0	0.0	0	0.0	(1,208,637)	(10.5)	0	0.0	0	0.0	0	0.0
8. Other general insurance expenses	6,159,714	51.1	0	0.0	0	0.0	6,104,634	53.1	0	0.0	55,080	9.7	0	0.0
9. Taxes, licenses and fees	285,498	2.4	0	0.0	0	0.0	282,945	2.5	0	0.0	2,553	0.5	0	0.0
10. Total other expenses incurred	5,236,575	43.4	0	0.0	0	0.0	5,178,942	45.0	0	0.0	57,633	10.2	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(602,032)	(5.0)	0	0.0	47	59.5	(951,762)	(8.3)	0	0.0	349,614	61.8	69	57.0
13. Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	(602,032)	(5.0)	0	0.0	47	59.5	(951,762)	(8.3)	0	0.0	349,614	61.8	69	57.0
DETAILS OF WRITE-INS														
1101.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1102.	0	0.0	0	0.0	0	0.0	0	0.0	0	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	0.0
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
1199. Total (Lines 1101 through1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	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	Other Individual Contracts				
			3	4	5	6	7
	Total	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	607,897	0	17	440,490	0	167,323	67
2. Advance premiums	131,516	0	0	67,980	0	63,536	0
3. Reserve for rate credits	0	0	0	0	0	0	0
4. Total premium reserves, current year	739,413	0	17	508,470	0	230,859	67
5. Total premium reserves, prior year	716,954	0	17	471,638	0	245,232	67
6. Increase in total premium reserves	22,459	0	0	36,832	0	(14,373)	0
B. Contract Reserves:							
1. Additional reserves (a)	451,884	0	265	396,861	0	54,324	434
2. Reserve for future contingent benefits	0	0	0	0	0	0	0
3. Total contract reserves, current year	451,884	0	265	396,861	0	54,324	434
4. Total contract reserves, prior year	474,759	0	233	395,109	0	79,035	382
5. Increase in contract reserves	(22,875)	0	32	1,752	0	(24,711)	52
C. Claim Reserves and Liabilities:							
1. Total current year	1,157,770	0	0	1,097,502	0	60,268	0
2. Total prior year	1,172,798	0	0	1,104,237	0	68,561	0
3. Increase	(15,028)	0	0	(6,735)	0	(8,293)	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	839,694	0	0	754,247	0	85,447	0
1.2 On claims incurred during current year	6,626,579	0	0	6,520,682	0	105,897	0
2. Claim Reserves and Liabilities, December 31, Current Year:							
2.1 On claims incurred prior to current year	13,893	0	0	13,170	0	723	0
2.2 On claims incurred during current year	1,143,877	0	0	1,084,332	0	59,545	0
3. Test:							
3.1 Line 1.1 plus 2.1	853,587	0	0	767,417	0	86,170	0
3.2 Claim reserves and liabilities, December 31, prior year	1,172,798	0	0	1,104,237	0	68,561	0
3.3 Line 3.1 minus Line 3.2	(319,211)	0	0	(336,820)	0	17,609	0
PART 4 - REINSURANCE							
A. Reinsurance Assumed:							
1. Premiums written	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0
B. Reinsurance Ceded:							
1. Premiums written	40,955,263	0	0	40,939,263	0	16,000	0
2. Premiums earned	40,643,965	0	0	40,627,965	0	16,000	0
3. Incurred claims	28,374,204	0	0	28,374,204	0	0	0
4. Commissions	4,476,200	0	0	4,476,200	0	0	0

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	0	0	35,825,449	35,825,449
2.	Beginning claim reserves and liabilities	0	0	4,934,186	4,934,186
3.	Ending claim reserves and liabilities	0	0	4,399,896	4,399,896
4.	Claims paid	0	0	36,359,739	36,359,739
B.	Assumed Reinsurance:				
5.	Incurred claims	0	0	0	0
6.	Beginning claim reserves and liabilities	0	0	0	0
7.	Ending claim reserves and liabilities	0	0	0	0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims	0	0	28,374,204	28,374,204
10.	Beginning claim reserves and liabilities	0	0	3,761,388	3,761,388
11.	Ending claim reserves and liabilities	0	0	3,242,126	3,242,126
12.	Claims paid	0	0	28,893,466	28,893,466
D.	Net:				
13.	Incurred claims	0	0	7,451,245	7,451,245
14.	Beginning claim reserves and liabilities	0	0	1,172,798	1,172,798
15.	Ending claim reserves and liabilities	0	0	1,157,770	1,157,770
16.	Claims paid	0	0	7,466,273	7,466,273
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	0	0	7,451,245	7,451,245
18.	Beginning reserves and liabilities	0	0	1,172,798	1,172,798
19.	Ending reserves and liabilities	0	0	1,157,770	1,157,770
20.	Paid claims and cost containment expenses	0	0	7,466,273	7,466,273

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						
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	437,171	0
88099.....	75-1608507....	01/01/1994	Optimum Re Insurance Company.....	TX.....	25,033	0
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				462,204	0
1099999.	Total - Life and Annuity Non-Affiliates.....				462,204	0
1199999.	Total - Life and Annuity.....				462,204	0
2399999.	Total U.S.....				462,204	0
9999999.	Total.....				462,204	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099.....	75-1608507....	01/01/1994	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	2,371,454	32,418	31,174	0	0	0	0	0
88099.....	75-1608507....	06/29/1997	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	1,788,659	802,325	734,588	68,436	0	0	0	0
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	CO/I.....	OL.....	29,810,277	9,375,994	9,869,668	575,105	0	0	0	0
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	ACO/I.....	FL.....	0	2,244,818	2,430,982	15,877	0	0	0	0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						33,970,390	12,455,555	13,066,412	659,418	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						33,970,390	12,455,555	13,066,412	659,418	0	0	0	0
1199999.	Total - General Account - Authorized.....						33,970,390	12,455,555	13,066,412	659,418	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						33,970,390	12,455,555	13,066,412	659,418	0	0	0	0
6999999.	Total U.S.....						33,970,390	12,455,555	13,066,412	659,418	0	0	0	0
9999999.	Total.....						33,970,390	12,455,555	13,066,412	659,418	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
									Reserve Credit Taken Other Than for Unearned Premiums	11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)		Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
86258	13-2572994	.12/31/1998	Gen Re Life Corporation	CT	CO/I	MS	39,451,332	1,952,004	8,356,792	0	0	0	0
70688	36-6071399	.12/31/2001	Transamerica Financial Life Insurance Company	NY	CO/I	MS	66,455	6,094	22,651	0	0	0	0
66346	58-0828824	.07/07/2009	Munich American Reinsurance Company	GA	YRT/I	STM	886,040	57,231	159,375	0	0	0	0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						40,403,827	2,015,329	8,538,818	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						40,403,827	2,015,329	8,538,818	0	0	0	0
1199999.	Total - General Account - Authorized						40,403,827	2,015,329	8,538,818	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1440076	.02/01/2005	Sirius International Insurance Company	SWE	YRT/I	A	16,000	0	0	0	0	0	0
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates						16,000	0	0	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates						16,000	0	0	0	0	0	0
2299999.	Total - General Account - Unauthorized						16,000	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						40,419,827	2,015,329	8,538,818	0	0	0	0
6999999.	Total - U.S.						40,403,827	2,015,329	8,538,818	0	0	0	0
7099999.	Total - Non-U.S.						16,000	0	0	0	0	0	0
9999999.	Total						40,419,827	2,015,329	8,538,818	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000.....	AA-1440076	.02/01/2005	Sirius International Insurance Company.....	0	0	0	0	0	0.....	0	0	0	0	0
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2199999.	Total - General Account - Accident and Health - Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2299999.	Total - General Account - Accident and Health.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2399999.	Total - General Account.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
3699999.	Total - Non-U.S.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
9999999.	Total.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year ($000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
($000 OMITTED)

		1 2017	2 2016	3 2015	4 2014	5 2013
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	41,080	46,105	53,128	62,271	72,275
2.	Commissions and reinsurance expense allowances	4,599	5,287	6,632	9,273	12,924
3.	Contract claims	30,423	32,772	45,352	39,036	64,463
4.	Surrender benefits and withdrawals for life contracts	177	300	168	228	182
5.	Refunds to members	0	0	0	0	0
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserves for life and accident and health contracts	(1,413)	(2,190)	2,903	(2,437)	(2,159)
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	279	338	360	488	504
9.	Aggregate reserves for life and accident and health contracts	23,010	24,422	13,804	29,454	31,968
10.	Liability for deposit-type contracts	4	7	0	23	72
11.	Contract claims unpaid	3,405	3,928	6,789	12,329	10,479
12.	Amounts recoverable on reinsurance	495	189	368	411	1,122
13.	Experience rating refunds due or unpaid	0	0	0	0	0
14.	Refunds to members (not included in Line 10)	0	0	0	0	0
15.	Commissions and reinsurance expense allowances due	0	0	0	0	0
16.	Unauthorized reinsurance offset	0	0	0	0	0
17.	Offset for reinsurance with certified reinsurers	0	0	0	0	0
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)	0	0	0	0	0
19.	Letters of credit (L)	0	0	0	0	0
20.	Trust agreements (T)	0	0	0	0	0
21.	Other (O)	0	0	0	0	0
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust	0	0	0	0	0
23.	Funds deposited by and withheld from (F)	0	0	0	0	0
24.	Letters of credit (L)	0	0	0	0	0
25.	Trust agreements (T)	0	0	0	0	0
26.	Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	15,955,848	0	15,955,848
2.	Reinsurance (Line 16)	558,319	0	558,319
3.	Premiums and considerations (Line 15)	115,965	278,048	394,013
4.	Net credit for ceded reinsurance	XXX	26,572,913	26,572,913
5.	All other admitted assets (balance)	128,842	0	128,842
6.	Total assets excluding Separate Accounts (Line 26)	16,758,974	26,850,961	43,609,935
7.	Separate Account assets (Line 27)	0	0	0
8.	Total assets (Line 28)	16,758,974	26,850,961	43,609,935
	LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	4,222,178	23,009,703	27,231,881
10.	Liability for deposit-type contracts (Line 3)	4,151	0	4,151
11.	Claim reserves (Line 4)	1,174,277	3,404,622	4,578,899
12.	Member refunds/reserves (Lines 5 through 6)	0	0	0
13.	Premium & annuity considerations received in advance (Line 7)	133,548	436,636	570,184
14.	Other contract liabilities (Line 8)	182,131	0	182,131
15.	Reinsurance in unauthorized companies (Line 21.2 minus inset amount)	0	0	0
16.	Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount)	0	0	0
17.	Reinsurance with certified reinsurers (Line 21.2 inset amount)	0	0	0
18	Funds held under reinsurance treaties with certified reinsurers (Line 21.3 inset amount)	0	0	0
19.	All other liabilities (balance)	1,829,454	0	1,829,454
20.	Total liabilities excluding Separate Accounts (Line 23)	7,545,738	26,850,961	34,396,699
21.	Separate Account liabilities (Line 24)	0	0	0
22.	Total liabilities (Line 25)	7,545,738	26,850,961	34,396,699
23.	Capital & surplus (Line 30)	9,213,236	XXX	9,213,236
24.	Total liabilities, capital & surplus (Line 31)	16,758,974	26,850,961	43,609,935
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	23,009,703		
26.	Claim reserves	3,404,622		
27.	Member refunds/reserves	0		
28.	Premium & annuity considerations received in advance	436,636		
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	26,850,961		
34.	Premiums and considerations	278,048		
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	278,048		
41.	Total net credit for ceded reinsurance	26,572,913		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	9,735	0	0	0	0	9,735
2. Alaska AK	266	0	0	0	0	266
3. Arizona AZ	5,257	1,000	0	0	0	6,257
4. Arkansas AR	7,260	0	0	0	0	7,260
5. California CA	55,394	0	0	0	0	55,394
6. Colorado CO	3,144	3,100	0	0	0	6,244
7. Connecticut CT	5,359	0	0	0	0	5,359
8. Delaware DE	0	0	0	0	0	0
9. District of Columbia DC	470	0	0	0	0	470
10. Florida FL	62,771	0	0	0	0	62,771
11. Georgia GA	26,317	0	0	0	0	26,317
12. Hawaii HI	0	0	0	0	0	0
13. Idaho ID	0	0	0	0	0	0
14. Illinois IL	44,303	550	0	890	0	45,743
15. Indiana IN	41,397	0	0	0	0	41,397
16. Iowa IA	10,442	0	0	0	0	10,442
17. Kansas KS	10,812	11,886	0	0	0	22,698
18. Kentucky KY	31,396	0	0	0	0	31,396
19. Louisiana LA	20,803	0	0	0	0	20,803
20. Maine ME	0	10,000	0	0	0	10,000
21. Maryland MD	4,194	0	0	0	0	4,194
22. Massachusetts MA	5,019	0	0	0	0	5,019
23. Michigan MI	75,118	10,000	0	0	0	85,118
24. Minnesota MN	5,578	0	0	0	0	5,578
25. Mississippi MS	26,838	200	0	0	0	27,038
26. Missouri MO	18,519	0	0	0	0	18,519
27. Montana MT	548	0	0	0	0	548
28. Nebraska NE	9,141	0	0	0	0	9,141
29. Nevada NV	2,088	0	0	0	0	2,088
30. New Hampshire NH	1,340	0	0	0	0	1,340
31. New Jersey NJ	14,230	0	0	0	0	14,230
32. New Mexico NM	234	0	0	0	0	234
33. New York NY	1,870	0	0	0	0	1,870
34. North Carolina NC	16,329	0	0	0	0	16,329
35. North Dakota ND	4,930	2,000	0	0	0	6,930
36. Ohio OH	73,386	0	0	0	0	73,386
37. Oklahoma OK	13,499	1,177	0	0	0	14,676
38. Oregon OR	15,726	0	0	0	0	15,726
39. Pennsylvania PA	37,613	250	0	0	0	37,863
40. Rhode Island RI	2,933	0	0	0	0	2,933
41. South Carolina SC	6,929	0	0	0	0	6,929
42. South Dakota SD	9,885	0	0	0	0	9,885
43. Tennessee TN	31,421	400	0	0	0	31,821
44. Texas TX	55,091	0	0	0	0	55,091
45. Utah UT	999	0	0	0	0	999
46. Vermont VT	0	0	0	0	0	0
47. Virginia VA	20,455	0	0	0	0	20,455
48. Washington WA	222	0	0	0	0	222
49. West Virginia WV	10,601	0	0	0	0	10,601
50. Wisconsin WI	15,827	10,000	0	0	0	25,827
51. Wyoming WY	589	0	0	0	0	589
52. American Samoa AS	0	0	0	0	0	0
53. Guam GU	0	0	0	0	0	0
54. Puerto Rico PR	0	0	0	0	0	0
55. US Virgin Islands VI	0	0	0	0	0	0
56. Northern Mariana Islands MP	0	0	0	0	0	0
57. Canada CAN	17,421	0	0	0	0	17,421
58. Aggregate Other Alien OT	0	0	0	0	0	0
59. Totals	833,699	50,563	0	890	0	885,152

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
0.....	.....	56383...	31-4273120..	0	0	0.....	The Order of United Commercial Travelers of America	OH.....	RE.....	The Order of United Commercial Travelers of America	Board.....	.....0.000	The Order of United Commercial Travelers of America	.....N.....	0.....
0.....	.....	0.....	31-1486573..	0	0	0.....	UCT Charities.....	OH.....	OTH.....	The Order of United Commercial Travelers of America	Other.....	.....0.000	The Order of United Commercial Travelers of America	.....N.....	1.....
0.....	.....	0.....	47-3632781..	0	0	0.....	UCT Insurance Agency LLC.....	OH.....	DS.....	The Order of United Commercial Travelers of America	Ownership.....	....100.000	The Order of United Commercial Travelers of America	.....N.....	0.....

Asterisk	Explanation
1	This entity is a 501(c)(3) charitable organization that provides scholarships. The Board of Directors of UCT Charities is appointed by the Board of The Order of United Commercial Travelers of America.

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
56383	31-4273120	The Order of United Commercial Travelers of America	0	0	0	0	6,000	0		0	6,000	0
0	31-1486573	UCT Charities	0	0	0	0	(6,000)	0		0	(6,000)	0
0	47-3632781	UCT Insurance Agency LLC	0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

The following supplemental reports are required to be filed as part of your 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	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
12.	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
13.	Will the statement 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
14.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	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
16.	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
17.	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
18.	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
19.	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
20.	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
21.	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
22.	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
23.	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
24.	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
25.	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
26.	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
27.	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
28.	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
29.	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
30.	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
31.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
32.	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
33.	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
34.	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
35.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
	APRIL FILING	
36.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
37.	Will the Long-Term Care Experience Reporting be filed with the state of domicile and the NAIC by April 1?	YES
38.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
39.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
40.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
41.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
42.	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
43.	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
44.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
45.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the Variable Annuities Supplement by filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

47. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? NO

EXPLANATIONS:

1.
2.
3.
4.
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7.
8.
9.
10.
11. The data for this supplement is not required to be filed.
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. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
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27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
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.
35.
36.

BARCODES:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

37.

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

39.

40.

41.

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

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

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

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

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3	Aggregate of			
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
09.304 Agent Services	1,563	0	36,923	0	0	0	38,486
09.305 Product Development	6	0	145	0	0	0	151
09.306 Temporary Worker Services	2,546	0	60,138	0	0	0	62,683
09.307 Claims Outsourcing	24,895	0	588,129	0	0	0	613,024
09.308 Depreciation-Leasehold Improvements	156	0	3,697	0	0	0	3,853
09.309 Records Storage	629	0	14,858	0	0	589	16,076
09.310 Charitable Contributions	40	0	937	0	0	45,207	46,184
09.311 UCT Events	36	0	846	0	0	2,631	3,513
09.397 Summary of remaining write-ins for Line 9.3	29,870	0	705,672	0	0	48,427	783,969

Overflow Page for Write-Ins

NONE

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS(B)-91	B	NO	346	02/07/1995			07/01/1997	PLAN B ISSUE AGE	3,585	351	9.8	1	0	0	0.0	0
YES	MS(C)91	C	NO	346	02/07/1995			07/01/1997	PLAN C ISSUE AGE	26,107	15,006	57.5	6	0	0	0.0	0
YES	MS(F)-91	F	NO	346	02/07/1995			07/01/1997	PLAN F ISSUE AGE	8,881	2,512	28.3	2	0	0	0.0	0
YES	MS(C)-04	C	NO	346	03/12/2004			12/31/2005	PLAN C ATTAINED AGE	3,391	6,688	197.2	1	0	0	0.0	0
YES	MS AB 06	B	NO	346	08/20/2005			05/31/2010	PLAN B ATTAINED AGE	1,773	1,433	80.8	0	0	0	0.0	0
YES	MS AC 06	C	NO	346	08/20/2005			05/31/2010	PLAN C ATTAINED AGE	40,199	20,207	50.3	10	0	0	0.0	0
YES	MS AF 06	F	NO	346	08/20/2005			05/31/2010	PLAN F ATTAINED AGE	472,390	297,064	62.9	118	0	0	0.0	0
YES	MS AG 06	G	NO	346	08/20/2005			05/31/2010	PLAN G ATTAINED AGE	39,976	35,228	88.1	10	0	0	0.0	0
YES	MSAAF2010	F	NO	346	04/19/2010				PLAN F ATTAINED AGE (2010)	12,897	5,276	40.9	3	0	0	0.0	0
YES	MSAAG2010	G	NO	346	04/19/2010				PLAN G ATTAINED AGE (2010)	2,326	46	2.0	1	0	0	0.0	0
YES	MSAAN2010	N	NO	346	04/19/2010				PLAN N ATTAINED AGE (2010)	12,906	301	2.3	3	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									624,431	384,112	61.5	155	0	0	0.0	0

360.AL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS IF 06 AR.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	1,315,448	1,109,599	.....84.4	437	0	0	.....0.0	0
.....YES.....	MS IG 06 AR.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	115,598	106,803	.....92.4	42	0	0	.....0.0	0
.....YES.....	MSIAG2010 AR.....	G.....	.....NO.....	....34.....	.05/20/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	2,692	4,416	.....164.0	1	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									1,433,738	1,220,818	.....85.1	480	0	0	.....0.0	0

360.AR

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MS(C) 00 AZ.....	C.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN C ATTAINED AGE.....	4,353	2,071	.....47.6	0	0	0	.....0.0	0
.....YES.....	MS(f) 00 AZ.....	F.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN F ATTAINED AGE.....	4,346	495	.....11.4	1	0	0	.....0.0	0
.....YES.....	MS IF 06 AZ.....	F.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	1,531,526	974,043	.....63.6	374	0	0	.....0.0	0
.....YES.....	MS IG 06 AZ.....	G.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	76,795	43,141	.....56.2	23	0	0	.....0.0	0
.....YES.....	MSIAF2010 AZ.....	F.....	.....NO.....	....346.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	3,718	6,645	.....178.7	1	4,701	.....(485)	.....(10.3)	1
0199999.	Total Policy Experience on Individual Policies.....									1,620,738	1,026,395	.....63.3	399	4,701	.....(485)	.....(10.3)	1

360.AZ

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....California

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.02/25/1988	.....	.08/08/1991	.08/01/1992	PRE-STANDARD.....	4,015	6,277	.....156.3	1	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN C ISSUE AGE.....	5,670	786	.....13.9	1	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN F ISSUE AGE.....	25,081	12,289	.....49.0	4	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									34,766	19,352	.....55.7	6	0	0	.....0.0	0

360.CA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS(F)-02 CO	F	NO	346	04/29/2002			03/15/2006	PLAN F ATTAINED AGE	79,576	56,221	70.7	25	0	0	0.0	0
YES	MS(G)-03 CO	G	NO	346	10/10/2003			03/15/2006	PLAN G ATTAINED AGE	14,635	3,144	21.5	6	0	0	0.0	0
YES	MS AB 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN B ATTAINED AGE	2,224	280	12.6	1	0	0	0.0	0
YES	MS AF 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN F ATTAINED AGE	940,990	721,906	76.7	325	0	0	0.0	0
YES	MS AG 06 CO	G	NO	346	03/15/2006			05/31/2010	PLAN G ATTAINED AGE	252,756	260,010	102.9	98	0	0	0.0	0
YES	MS AAF2010 CO	F	NO	346	07/06/2010				PLAN F ATTAINED AGE (2010)	163,945	99,389	60.6	65	16,853	5,853	34.7	7
YES	MS AAG2010 CO	G	NO	346	07/06/2010				PLAN G ATTAINED AGE (2010)	1,998	661	33.1	1	4,149	890	21.5	2
890	MS AAN2010 CO	N	NO	346	07/06/2010				PLAN N ATTAINED AGE (2010)	16,347	7,409	45.3	8	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									1,472,471	1,149,020	78.0	529	21,002	6,743	32.1	9

360.CO

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Connecticut

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.CT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....District of Columbia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.DC

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Delaware

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.DE

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
.....N/A.....	MS-88 FL.....	P.....	.....NO.....	....246.....	.09/12/1988	.....	.02/25/1991	.01/01/1992	PRE-STANDARD.....	4,927	24,855	.....504.5	2	0	0	.....0.0	0
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.04/17/1992	.....	.....	.07/01/2004	PLAN A ISSUE AGE.....	50,791	38,908	.....76.6	24	0	0	.....0.0	0
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.04/08/1992	.....	.....	.07/01/2004	PLAN B ISSUE AGE.....	136,772	152,013	.....111.1	54	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/27/1994	.....	.....	.07/01/2004	PLAN C ISSUE AGE.....	1,092,411	1,144,883	.....104.8	408	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.04/23/1992	.....	.....	.07/01/2004	PLAN F ISSUE AGE.....	1,468,830	1,180,825	.....80.4	498	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									2,753,731	2,541,484	.....92.3	986	0	0	.....0.0	0

360.FL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	05/24/1988		05/23/1991	01/01/1992	PRE-STANDARD	1,898	313	16.5	1	0	0	0.0	0
YES	MS(A)-91	A	NO	346	02/15/1994			01/13/2006	PLAN A ISSUE AGE	5,076	1,585	31.2	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	02/15/1994			01/13/2006	PLAN B ISSUE AGE	23,211	9,043	39.0	7	0	0	0.0	0
YES	MS(C)-91	C	NO	346	02/15/1994			01/13/2006	PLAN C ISSUE AGE	58,867	38,125	64.8	11	0	0	0.0	0
YES	MS(F)-91	F	NO	346	02/15/1994			01/13/2006	PLAN F ISSUE AGE	78,931	46,466	58.9	17	0	0	0.0	0
YES	MS IC 06 GA	C	NO	346	01/13/2006			05/31/2010	PLAN C ISSUE AGE	4,394	8,970	204.1	1	0	0	0.0	0
YES	MSIAF2010 GA	F	NO	346	10/23/2013				PLAN F ISSUE AGE (2010)	0	0	0.0	0	1,424	515	36.2	1
YES	MSIAG2010 GA	G	NO	346	10/23/2013				PLAN G ISSUE AGE (2010)	0	0	0.0	0	245	313	127.8	3
0199999.	Total Policy Experience on Individual Policies									172,377	104,502	60.6	39	1,669	828	49.6	4

360.GA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Hawaii

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.HI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.03/15/1995	.....	.....	.08/03/2000	PLAN C ISSUE AGE.....	5,740	3,283	.....57.2	1	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.03/15/1995	.....	.....	.08/03/2000	PLAN F ISSUE AGE.....	77,668	28,127	.....36.2	11	0	0	.....0.0	0
.....YES.....	MS AF 06.....	F.....	.....NO.....	....346.....	.09/09/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	363,014	203,227	.....56.0	80	0	0	.....0.0	0
.....YES.....	MS AG 08.....	G.....	.....NO.....	....346.....	.07/30/2008	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	14,287	4,258	.....29.8	4	0	0	.....0.0	0
.....YES.....	MSAAF2010.....	F.....	.....NO.....	....346.....	.05/25/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	3,949	8,599	.....217.8	1	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									464,658	247,494	.....53.3	97	0	0	.....0.0	0

360.IA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MS IF 06 ID.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	2,426,439	1,603,683	.....66.1	665	0	0	.....0.0	0
.....YES.....	MS IG 06 ID.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	458,977	461,650	.....100.6	160	0	0	.....0.0	0
.....YES.....	MSIAF2010	F.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	17,379	14,063	.....80.9	4	5,432	4,021	.....74.0	2
.....YES.....	MSIAG2010.....	G.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	2,412	2,958	.....122.6	1	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									2,905,207	2,082,354	.....71.7	830	5,432	4,021	.....74.0	2

360.ID

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.01/15/1992	.....	.....	.02/05/2001	PLAN B ISSUE AGE.....	741	1,880	.....253.7	0	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.10/07/1993	.....	.....	.02/05/2001	PLAN C ISSUE AGE.....	46,360	24,779	.....53.4	8	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.01/15/1992	.....	.....	.02/05/2001	PLAN F ISSUE AGE.....	249,329	110,818	.....44.4	41	0	0	.....0.0	0
.....YES.....	MS(F)-00.....	F.....	.....NO.....	....346.....	.02/05/2001	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	12,124	16,544	.....136.5	3	0	0	.....0.0	0
.....YES.....	MS AD 06 IL.....	D.....	.....NO.....	....346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	4,164	4,916	.....118.1	1	0	0	.....0.0	0
.....YES.....	MS AF 06 IL.....	F.....	.....NO.....	....346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	904,553	645,829	.....71.4	215	0	0	.....0.0	0
.....YES.....	MS AG 06 IL.....	G.....	.....NO.....	....346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	181,140	138,841	.....76.6	53	0	0	.....0.0	0
.....YES.....	MS AAF 2010 IL.....	F.....	.....NO.....	....346.....	.05/22/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	72,212	30,242	.....41.9	18	0	.....(194)	.....0.0	0
.....YES.....	MS AAG 2010IL.....	G.....	.....NO.....	....346.....	.05/22/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	22,367	12,910	.....57.7	7	0	.....(375)	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									1,492,990	986,759	.....66.1	346	0	.....(569)	.....0.0	0

360.IL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS(A)-91	A	NO	346	03/28/1994			10/16/2000	PLAN A ISSUE AGE	2,440	198	8.1	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	03/28/1994			10/16/2000	PLAN C ISSUE AGE	74,809	66,303	88.6	15	0	0	0.0	0
YES	MS(F)-91	F	NO	346	03/28/1994			10/16/2000	PLAN F ISSUE AGE	128,462	61,724	48.0	27	0	0	0.0	0
YES	MS(C)-00	C	NO	346	10/16/2000			12/31/2005	PLAN C ATTAINED AGE	13,650	28,900	211.7	3	0	0	0.0	0
YES	MS(F)-00	F	NO	346	10/16/2000			12/31/2005	PLAN F ATTAINED AGE	178,858	142,317	79.6	45	0	0	0.0	0
YES	MS(G)-03	G	NO	346	10/10/2003			12/31/2005	PLAN G ATTAINED AGE	62,612	41,726	66.6	19	0	0	0.0	0
YES	MS AC 06	C	NO	346	12/27/2005			05/31/2010	PLAN C ATTAINED AGE	22,963	9,442	41.1	6	0	0	0.0	0
YES	MS AD 06	D	NO	346	12/27/2005			05/31/2010	PLAN D ATTAINED AGE	3,898	13,314	341.6	1	0	0	0.0	0
YES	MS AF 06	F	NO	346	12/27/2005			05/31/2010	PLAN F ATTAINED AGE	1,027,173	709,264	69.1	257	0	0	0.0	0
YES	MS AG 06	G	NO	346	12/27/2006			05/31/2010	PLAN G ATTAINED AGE	1,445,930	1,018,332	70.4	441	0	0	0.0	0
YES	MS AAF 2010	F	NO	34	05/28/2010				PLAN F ATTAINED AGE (2010)	27,366	9,601	35.1	8	0	0	0.0	0
YES	MS AAG 2010	G	NO	34	05/28/2010				PLAN G ATTAINED AGE (2010)	12,530	5,044	40.3	5	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									3,000,691	2,106,165	70.2	828	0	0	0.0	0

360.IN

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.10/04/1989	.....	.02/22/1991	.04/01/1992	PRE-STANDARD.....	698	473	.....67.8	0	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/03/1995	.....	.....	.11/05/2007	PLAN C ISSUE AGE.....	163,403	105,575	.....64.6	34	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.05/06/1992	.....	.....	.11/05/2007	PLAN F ISSUE AGE.....	48,132	22,823	.....47.4	8	0	0	.....0.0	0
.....YES.....	MSAAF2010 KS.....	F.....	.....NO.....	....346.....	.08/17/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	12,252	.....(934)	.....(7.6)	3	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									224,485	127,937	.....57.0	45	0	0	.....0.0	0

360.KS

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	.01/26/1988		.02/01/1991	.01/01/1992	PRE-STANDARD	1,860	(307)	(16.5)	1	0	0	0.0	0
YES	MS(A)-91	A	NO	346	.03/11/1992			.01/03/2001	PLAN A ISSUE AGE	2,725	1,082	39.7	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.12/02/1993			.01/03/2001	PLAN C ISSUE AGE	31,187	5,496	17.6	6	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.05/06/1992			.01/03/2001	PLAN F ISSUE AGE	63,811	33,456	52.4	14	0	0	0.0	0
YES	MSAAC2010 KY	C	NO	346	.07/20/2010				PLAN C ATTAINED (2010)	(43)	(132)	307.0	0	0	0	0.0	0
YES	MSAAF2010 KY	F	NO	346	.07/20/2010				PLAN F ATTAINED AGE (2010)	2,126	167	7.9	1	0	0	0.0	0
YES	MSAAG2010 KY	G	NO	346	.07/20/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	1,525	305	20.0	2
0199999.	Total Policy Experience on Individual Policies									101,666	39,762	39.1	23	1,525	305	20.0	2

360.KY

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	11/15/1993			05/24/2001	PLAN C ISSUE AGE	4,692	2,794	59.5	1	0	0	0.0	0
YES	MS(F)-91	F	NO	346	08/14/1992			05/24/2001	PLAN F ISSUE AGE	14,434	2,655	18.4	3	0	0	0.0	0
YES	MS(G)-04 LA	G	NO	346	02/20/2004			02/16/2006	PLAN G ATTAINED AGE	6,089	11,308	185.7	1	0	0	0.0	0
YES	MS AC 06 LA	C	NO	346	02/16/2006			05/31/2010	PLAN C ATTAINED AGE	16,814	12,415	73.8	3	0	0	0.0	0
YES	MS AD 06 LA	D	NO	346	02/16/2006			05/31/2010	PLAN D ATTAINED AGE	9,991	6,468	64.7	2	0	0	0.0	0
YES	MS AF 06 LA	F	NO	346	02/16/2006			05/31/2010	PLAN F ATTAINED AGE	1,651,661	993,194	60.1	294	0	0	0.0	0
YES	MS AG 06 LA	G	NO	346	02/16/2006			05/31/2010	PLAN G ATTAINED AGE	164,578	56,589	34.4	35	0	0	0.0	0
YES	MSAAF2010 LA	F	NO	346	06/25/2010				PLAN F ATTAINED AGE (2010)	4,189	3,214	76.7	1	0	0	0.0	0
YES	MSAAG2010 LA	G	NO	346	06/25/2010				PLAN G ATTAINED AGE (2010)	0	(1)	0.0	0	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									1,872,448	1,088,636	58.1	340	0	0	0.0	0

360.LA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Massachusetts

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.MA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Maryland

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.MD

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Maine

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.ME

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS(A)-91	A	NO	346	.02/11/1992			.08/01/2000	PLAN A ISSUE AGE	(145)	542	(373.8)	0	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.08/19/1993			.08/01/2000	PLAN C ISSUE AGE	48,448	26,495	54.7	7	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.05/04/1992			.08/01/2000	PLAN F ISSUE AGE	32,887	10,556	32.1	6	0	0	0.0	0
YES	MS(C)-00	C	NO	346	.08/01/2000			.12/31/2005	PLAN C ATTAINED AGE	16,883	6,155	36.5	3	0	0	0.0	0
YES	MS(D)-00	D	NO	346	.08/01/2000			.12/31/2005	PLAN D ATTAINED AGE	9,263	6,426	69.4	2	0	0	0.0	0
YES	MS(F)-00	F	NO	346	.08/01/2000			.12/31/2005	PLAN F ATTAINED AGE	5,317	6,275	118.0	1	0	0	0.0	0
YES	MS AC 06	C	NO	346	.12/09/2005			.05/31/2010	PLAN C ATTAINED AGE	33,985	13,476	39.7	6	0	0	0.0	0
YES	MS AD 06	D	NO	346	.12/09/2005			.05/31/2010	PLAN D ATTAINED AGE	0	1,485	0.0	0	0	0	0.0	0
YES	MS AF 06	F	NO	346	.12/09/2005			.05/31/2010	PLAN F ATTAINED AGE	482,445	326,958	67.8	99	0	0	0.0	0
YES	MS AG 06	G	NO	346	.12/09/2005			.05/31/2010	PLAN G ATTAINED AGE	269,092	209,557	77.9	64	0	0	0.0	0
YES	MSAAF2010	F	NO	34	.04/23/2010				PLAN F ATTAINED AGE (2010)	3,312	510	15.4	1	0	0	0.0	0
YES	MSAAN2010	N	NO	34	.04/23/2010				PLAN N ATTAINED AGE (2010)	8,394	3,419	40.7	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									909,881	611,854	67.2	191	0	0	0.0	0

360.MI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Minnesota

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.MN

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	7,118	18,461	259.4	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	01/14/1992			12/31/2005	PLAN B ISSUE AGE	8,438	250	3.0	2	0	0	0.0	0
YES	MS(C)-91	C	NO	346	11/10/1993			12/31/2005	PLAN C ISSUE AGE	43,364	62,653	144.5	8	0	0	0.0	0
YES	MS(F)-91	F	NO	346	06/01/1992			12/31/2005	PLAN F ISSUE AGE	18,799	14,042	74.7	4	0	0	0.0	0
YES	MS IF 06 MO	F	NO	346	09/21/2005			05/31/2010	PLAN F ISSUE AGE	0	72	0.0	0	0	0	0.0	0
YES	MSIAB2010	B	NO	346	08/10/2010				PLAN B ISSUE AGE (2010)	4,966	8,039	161.9	2	0	0	0.0	0
YES	MSIAC2010	C	NO	346	08/10/2010				PLAN C ISSUE AGE (2010)	11,335	12,658	111.7	3	7,218	4,730	65.5	2
YES	MSIAD2010	D	NO	346	08/10/2010				PLAN D ISSUE AGE (2010)	65,015	55,470	85.3	25	25,675	9,824	38.3	10
YES	MSIAF2010	F	NO	346	08/10/2010				PLAN F ISSUE AGE (2010)	172,650	127,207	73.7	61	5,810	6,252	107.6	2
YES	MSIAG2010	G	NO	346	08/10/2010				PLAN G ISSUE AGE (2010)	95,575	41,197	43.1	38	9,331	18,700	200.4	2
YES	MSIAN2010	N	NO	346	08/10/2010				PLAN N ISSUE AGE (2010)	98,735	35,668	36.1	45	8,523	5,523	64.8	4
0199999.	Total Policy Experience on Individual Policies									525,995	375,717	71.4	189	56,557	45,029	79.6	20

360.MO

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	.01/22/1988		.12/26/1990	.07/01/1992	PRE-STANDARD	4,732	304	6.4	1	0	0	0.0	0
YES	MS(C)-91MS	C	NO	346	.08/16/1996			.08/18/2000	PLAN C ISSUE AGE	9,653	2,885	29.9	2	0	0	0.0	0
YES	MS(F)-91 MS	F	NO	346	.08/16/1996			.08/18/2000	PLAN F ISSUE AGE	36,846	26,371	71.6	7	0	0	0.0	0
YES	MS(C)-00 MS	C	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN C ATTAINED AGE	3,301	1,984	60.1	1	0	0	0.0	0
YES	MS(F)-00 MS	F	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN F ATTAINED AGE	4,339	562	13.0	1	0	0	0.0	0
YES	MS AB 06 MS	B	NO	346	.09/12/2005			.05/31/2010	PLAN B ATTAINED AGE	4,438	713	16.1	1	0	0	0.0	0
YES	MS AC 06 MS	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE	65,973	124,242	188.3	14	0	0	0.0	0
YES	MS AD 06 MS	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	22,147	5,204	23.5	4	0	0	0.0	0
YES	MS AF 06 MS	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	3,853,924	2,356,679	61.2	798	0	0	0.0	0
YES	MS G 06 MS	G	NO	346	.12/14/2006			.05/31/2010	PLAN G ATTAINED AGE	76,954	58,559	76.1	19	0	0	0.0	0
YES	MSAAC2010 MS	C	NO	346	.07/21/2010				PLAN C ATTAINED AGE (2010)	50,767	133,747	263.5	9	0	0	0.0	0
YES	MSAAF2010 MS	F	NO	346	.07/21/2010				PLAN F ATTAINED AGE (2010)	18,844	27,515	146.0	4	0	0	0.0	0
YES	MSAAG2010 MS	G	NO	346	.07/21/2010				PLAN G ATTAINED AGE (2010)	3,339	1,425	42.7	1	0	(221)	0.0	0
YES	MSAAN2010 MS	N	NO	346	.07/21/2010				PLAN N ATTAINED AGE (2010)	2,337	1,492	63.8	1	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									4,157,594	2,741,682	65.9	863	0	(221)	0.0	0

360.MS

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS AC 06 MT	C	NO	346	.01/17/2006			.05/31/2010	PLAN C ATTAINED AGE	10,332	7,570	73.3	3	0	0	0.0	0
YES	MS AD 06 MT	D	NO	346	.01/17/2006			.05/31/2010	PLAN D ATTAINED AGE	10,120	6,104	60.3	3	0	0	0.0	0
YES	MS AF 06 MT	F	NO	346	.01/17/2006			.05/31/2010	PLAN F ATTAINED AGE	1,045,992	713,218	68.2	279	0	0	0.0	0
YES	MS AG 06 MT	G	NO	346	.01/17/2006			.05/31/2010	PLAN G ATTAINED AGE	76,055	94,583	124.4	25	0	0	0.0	0
YES	MS AAC 2010 MT	C	NO	346	.07/12/2010				PLAN C ATTAINED AGE (2010)	2,716	11,480	422.7	1	0	0	0.0	0
YES	MS AAF 2010 MT	F	NO	34	.07/12/2010				PLAN F ATTAINED AGE (2010)	10,154	3,921	38.6	3	2,515	3,739	148.7	1
YES	MS AAG 2010 MT	G	NO	34	.07/12/2010				PLAN G ATTAINED AGE (2010)	2,421	936	38.7	1	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									1,157,790	837,812	72.4	315	2,515	3,739	148.7	1

360.MT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	10/24/1989			01/01/1992	PRE-STANDARD	3,467	223	6.4	1	0	0	0.0	0
YES	MS(A)-91	A	NO	346	09/14/1992			02/16/2001	PLAN A ISSUE AGE	0	(22)	0.0	0	0	0	0.0	0
YES	MS(C)-91	C	NO	346	07/22/1994			02/16/2001	PLAN C ISSUE AGE	25,362	15,259	60.2	4	0	0	0.0	0
YES	MS(F)-91	F	NO	346	07/22/1994			02/16/2001	PLAN F ISSUE AGE	32,395	8,859	27.3	5	0	0	0.0	0
YES	MS AC 06 NC	C	NO	346	01/23/2006			05/31/2010	PLAN C ATTAINED AGE	168,470	173,874	103.2	31	0	0	0.0	0
YES	MS AD 06 NC	D	NO	346	01/23/2006			05/31/2010	PLAN D ATTAINED AGE	4,501	(26)	(0.6)	1	0	0	0.0	0
YES	MS AF 06 NC	F	NO	346	01/23/2006			05/31/2010	PLAN F ATTAINED AGE	810,284	495,588	61.2	166	0	0	0.0	0
YES	MS AG 08 NC	G	NO	346	08/22/2008			05/31/2010	PLAN G ATTAINED AGE	214,686	155,883	72.6	56	0	0	0.0	0
YES	MS AAC 2010 NC	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)	11,766	22,653	192.5	2	0	0	0.0	0
YES	MS AAG 2010 NC	G	NO	34	06/01/2010				PLAN G ATTAINED AGE (2010)	2,523	1,661	65.8	1	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									1,273,454	873,952	68.6	267	0	0	0.0	0

360.NC

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.12/30/1989	.....	.01/15/1991	.01/01/1992	PRE-STANDARD.....	3,699	1,730	.....46.8	1	0	0	.....0.0	0
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN B ISSUE AGE.....	3,180	4,732	.....148.8	1	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN C ISSUE AGE.....	20,151	2,794	.....13.9	5	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.11/18/1992	.....	.....	.08/08/2000	PLAN F ISSUE AGE.....	27,382	6,507	.....23.8	6	0	0	.....0.0	0
.....YES.....	MS(F)-00.....	F.....	.....NO.....	....346.....	.08/08/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	3,404	485	.....14.2	1	0	0	.....0.0	0
.....YES.....	MS AC 06 ND.....	C.....	.....NO.....	....346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	11,454	3,703	.....32.3	3	0	0	.....0.0	0
.....YES	MS AF 06 ND.....	F.....	.....NO.....	....346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	965,149	614,034	.....63.6	267	0	0	.....0.0	0
.....YES	MSG 06 ND.....	G.....	.....NO.....	....346.....	.01/05/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	2,470	3,009	.....121.8	1	0	0	.....0.0	0
.....YES.....	MSAAF2010 ND.....	F.....	.....NO.....	....34.....	.05/12/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	0	.....(21)	.....0.0	0	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									1,036,889	636,973	.....61.4	285	0	0	.....0.0	0

360.ND

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	.05/01/1989		.02/28/1991	.05/01/1992	PRE-STANDARD	2,469	1,385	56.1	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	.05/22/1995			.10/04/2000	PLAN B ISSUE AGE	4,072	21	0.5	1	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.05/22/1995			.10/04/2000	PLAN F ISSUE AGE	36,990	7,522	20.3	5	0	0	0.0	0
YES	MS(F)-00	F	NO	346	.10/04/2000			.01/05/2006	PLAN F ATTAINED AGE	15,055	11,426	75.9	2	0	0	0.0	0
YES	MS AC 06	C	NO	346	.01/05/2006			.05/31/2010	PLAN C ATTAINED AGE	4,013	363	9.0	1	0	0	0.0	0
YES	MS AF 06	F	NO	346	.01/05/2006			.05/31/2010	PLAN F ATTAINED AGE	4,286,065	3,245,045	75.7	979	0	0	0.0	0
YES	MS AG 06	G	NO	346	.01/05/2006			.05/31/2010	PLAN G ATTAINED AGE	66,633	60,357	90.6	17	0	0	0.0	0
YES	MS AAF 2010 NE	F	NO	34	.06/28/2010				PLAN F ATTAINED AGE (2010)	6,803	4,673	68.7	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									4,422,100	3,330,792	75.3	1,008	0	0	0.0	0

360.NE

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....New Hampshire

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.NH

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....New Jersey

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.NJ

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....New Mexico

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.NM

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MSE 06 NV.....	E.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	2,802	3,259	.....116.3	1	0	0	.....0.0	0
.....YES.....	MSF 06 NV.....	F.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	330,114	233,002	.....70.6	74	0	0	.....0.0	0
.....YES.....	MSG 06 NV.....	G.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	154,916	91,090	.....58.8	40	0	0	.....0.0	0
.....YES.....	MSAAF2010 NV.....	F.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	14,301	3,019	.....21.1	4	0	.....(183)	.....0.0	0
.....YES.....	MS AAG 2010 NV.....	G.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	6,596	4,705	.....71.3	3	7,261	2,205	.....30.4	3
.....YES	MS AAN 2010 NV.....	N.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	0	174	.....0.0	0	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									508,729	335,249	.....65.9	122	7,261	2,022	.....27.8	3

360.NV

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....New York

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.NY

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	01/27/1988		01/.09/1991	01/01/1992	PRE-STANDARD	9,213	7,557	82.0	2	0	0	0.0	0
YES	MS(A)-91	A	NO	346	01/01/1992			07/14/2000	PLAN A ISSUE AGE	3,200	1,817	56.8	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	01/30/1992			07/14/2000	PLAN B ISSUE AGE	9,149	4,483	49.0	2	0	0	0.0	0
YES	MS(C)-91	C	NO	346	06/24/1993			07/14/2000	PLAN C ISSUE AGE	160,394	77,940	48.6	34	0	0	0.0	0
YES	MS(F)-91	F	NO	346	01/30/1992			07/14/2000	PLAN F ISSUE AGE	22,168	6,424	29.0	5	0	0	0.0	0
YES	MS AC 06 OH	C	NO	346	09/15/2005			05/31/2010	PLAN C ATTAINED AGE	4,743	2,281	48.1	1	0	0	0.0	0
YES	MS AF 06 OH	F	NO	346	09/15/2005			05/31/2010	PLAN F ATTAINED AGE	9,898	3,720	37.6	2	0	0	0.0	0
YES	MSAAC2010 OH	C	NO	34	06/29/2010				PLAN C ATTAINED AGE (2010)	9,578	10,437	109.0	4	1,524	2,825	185.4	1
YES	MSAAD2010 OH	D	NO	34	06/29/2010				PLAN D ATTAINED AGE (2010)	9,052	4,346	48.0	4	3,642	1,798	49.4	2
YES	MSAAF2010 OH	F	NO	34	06/29/2010				PLAN F ATTAINED AGE (2010)	20,149	11,625	57.7	9	49,052	28,522	58.1	34
YES	MSAAG2010 OH	G	NO	34	06/29/2010				PLAN G ATTAINED AGE (2010)	33,075	26,348	79.7	19	59,571	41,940	70.4	45
YES	MSAAN2010 OH	N	NO	34	06/29/2010				PLAN N ATTAINED AGE (2010)	23,088	18,578	80.5	15	10,769	10,519	97.7	7
0199999.	Total Policy Experience on Individual Policies									313,707	175,556	56.0	98	124,558	85,604	68.7	89

360.OH

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.OK

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	03/22/1998		01/12/1991	07/01/1992	PRE-STANDARD	0	(41)	0.0	0	0	0	0.0	0
YES	MS(A)-91	A	NO	346	01/01/1992			08/18/2000	PLAN A ISSUE AGE	3,949	2,753	69.7	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	09/23/1993			08/18/2000	PLAN B ISSUE AGE	3,090	347	11.2	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	09/23/1993			08/18/2000	PLAN C ISSUE AGE	86,230	43,866	50.9	23	0	0	0.0	0
YES	MS(F)-91	F	NO	346	04/03/1992			08/18/2000	PLAN F ISSUE AGE	97,159	71,921	74.0	21	0	0	0.0	0
YES	MS(A)-00	A	NO	346	08/18/2000			12/31/2005	PLAN A ATTAINED AGE	2,753	10,260	372.7	1	0	0	0.0	0
YES	MS(C)-00	C	NO	346	08/18/2000			12/31/2005	PLAN C ATTAINED AGE	19,505	3,639	18.7	4	0	0	0.0	0
YES	MS(F)-00	F	NO	346	08/18/2000			12/31/2005	PLAN F ATTAINED AGE	127,182	59,689	46.9	23	0	0	0.0	0
YES	MS(G)-03	G	NO	346	11/04/2003			12/31/2005	PLAN G ATTAINED AGE	8,618	3,474	40.3	2	0	0	0.0	0
YES	MS AC 06 OK	C	NO	346	09/23/2005			05/31/2010	PLAN C ATTAINED AGE	3,684	3,841	104.3	0	0	0	0.0	0
YES	MS AF 06 OK	F	NO	346	09/23/2005			05/31/2010	PLAN F ATTAINED AGE	44,385	34,257	77.2	8	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									396,555	234,006	59.0	85	0	0	0.0	0

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
.....N/A.....	MS-89.....	P.....	.....NO.....	....246.....	.03/20/1989	.....	.01/24/1991	.01/01/1992	PRE-STANDARD.....	2,935	1,865	.....63.5	1	0	0	.....0.0	0
.....YES.....	MSF 06.....	F.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	788,186	514,712	.....65.3	192	0	0	.....0.0	0
.....YES.....	MSG 06.....	G.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	24,180	15,964	.....66.0	5	0	0	.....0.0	0
.....YES.....	MS AAF 2010.....	F.....	.....NO.....	....346.....	.04/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	7,720	1,174	.....15.2	2	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									823,021	533,715	.....64.8	200	0	0	.....0.0	0

360.OR

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS(A)-91	A	NO	346	12/06/1993			10/11/2001	PLAN A ISSUE AGE	4,511	1,390	30.8	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	12/06/1993			10/11/2001	PLAN B ISSUE AGE	20,300	11,971	59.0	6	0	0	0.0	0
YES	MS(C)-91	C	NO	346	12/06/1993			10/11/2001	PLAN C ISSUE AGE	377,084	327,637	86.9	96	0	0	0.0	0
YES	MS AB 06 PA	B	NO	346	11/22/2006			05/31/2010	PLAN B ATTAINED AGE	750	495	66.0	0	0	0	0.0	0
YES	MS AAC 2010 PA	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)	7,654	3,112	40.7	3	1,655	377	22.8	1
YES	MS AAF 2010 PA	F	NO	346	06/01/2010				PLAN F ATTAINED AGE (2010)	10,982	3,166	28.8	5	0	(195)	0.0	0
YES	MS AAG 2010 PA	G	NO	346	06/01/2010				PLAN G ATTAINED AGE (2010)	1,382	(99)	(7.2)	0	0	0	0.0	0
YES	MS AAN 2010 PA	N	NO	346	06/01/2010				PLAN N ATTAINED AGE (2010)	6,012	1,563	26.0	4	0	(390)	0.0	0
0199999.	Total Policy Experience on Individual Policies									428,675	349,235	81.5	116	1,655	(208)	(12.6)	1

360.PA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Rhode Island

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.RI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS(C)-91	C	NO	346	.03/14/1995			.09/14/2000	PLAN C ISSUE AGE	4,606	4,349	94.4	1	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.03/14/1995			.09/14/2000	PLAN F ISSUE AGE	21,838	8,977	41.1	5	0	0	0.0	0
YES	MS(F)-00	F	NO	346	.09/14/2000			.12/31/2005	PLAN F ATTAINED AGE	39,872	53,656	134.6	10	0	0	0.0	0
YES	MS AB 06 SC	B	NO	346	.12/06/2005			.05/31/2010	PLAN B ATTAINED AGE	6,393	4,208	65.8	2	0	0	0.0	0
YES	MS AC 06 SC	C	NO	346	.12/06/2005			.05/31/2010	PLAN C ATTAINED AGE	3,886	340	8.7	1	0	0	0.0	0
YES	MS AF 06 SC	F	NO	346	.12/06/2005			.05/31/2010	PLAN F ATTAINED AGE	90,977	78,646	86.4	23	0	0	0.0	0
YES	MS AG 06 SC	G	NO	346	.12/06/2005			.05/31/2010	PLAN G ATTAINED AGE	7,075	4,781	67.6	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									174,647	154,957	88.7	44	0	0	0.0	0

360.SC

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.04/25/1988	.....	.02/01/1991	.07/01/1992	PRE-STANDARD.....	533	248	.....46.5	0	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.09/20/1993	.....	.....	.06/27/2000	PLAN F ISSUE AGE.....	8,631	4,151	.....48.1	2	0	0	.....0.0	0
.....YES.....	MS(F)-00.....	F.....	.....NO.....	....346.....	.06/27/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	50,886	36,089	.....70.9	11	0	0	.....0.0	0
.....YES.....	MS AF 06 SD.....	F.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	327,088	179,673	.....54.9	72	0	0	.....0.0	0
.....YES.....	MS AG 06 SD.....	G.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	5,294	548	.....10.4	1	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									392,432	220,709	.....56.2	86	0	0	.....0.0	0

360.SD

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	MS(B)-91	B	NO	346	08/02/1994			08/11/2000	PLAN B ISSUE AGE	4,283	2,594	60.6	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	08/02/1994			08/11/2000	PLAN C ISSUE AGE	29,754	30,597	102.8	4	0	0	0.0	0
YES	MS(F)-91	F	NO	346	08/02/1994			08/11/2000	PLAN F ISSUE AGE	48,983	18,081	36.9	6	0	0	0.0	0
YES	MS(F)-00 TN	F	NO	346	08/11/2000			12/31/2005	PLAN F ATTAINED AGE	5,443	208	3.8	1	0	0	0.0	0
YES	MSAAF2010	F	NO	346	07/23/2010				PLAN F ATTAINED AGE (2010)	2,315	633	27.3	1	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									90,778	52,113	57.4	13	0	0	0.0	0

360.TN

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-89-TX	P	NO	346	02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	41,043	7,867	19.2	6	0	0	0.0	0
YES	MS(A)-91	A	NO	346	08/20/1992			11/14/2000	PLAN A ISSUE AGE	6,514	732	11.2	2	0	0	0.0	0
YES	MS(C)-91	C	NO	346	10/19/1993			11/14/2000	PLAN C ISSUE AGE	134,610	100,312	74.5	24	0	0	0.0	0
YES	MS(F)-91	F	NO	346	08/20/1992			11/14/2000	PLAN F ISSUE AGE	328,288	143,734	43.8	55	0	0	0.0	0
YES	MS(F)-00	F	NO	346	11/14/2000			03/03/2006	PLAN F ATTAINED AGE	5,933	230	3.9	1	0	0	0.0	0
YES	MS AA 06 TX	A	NO	346	03/03/2006			05/31/2010	PLAN A ATTAINED AGE	137,536	351,843	255.8	15	0	0	0.0	0
YES	MSAAA2010 TX	A	NO	346	09/09/2010				PLAN A ATTAINED AGE (2010)	16,987	23,293	137.1	2	0	0	0.0	0
YES	MSAAF2010 TX	F	NO	346	09/09/2010				PLAN F ATTAINED AGE (2010)	5,939	20,907	352.0	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									676,850	648,918	95.9	107	0	0	0.0	0

360.TX

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
N/A	MS-88	P	NO	246	02/16/1988		02/04/1991	07/01/1992	PRE-STANDARD	0	(1,047)	0.0	1	0	0	0.0	0
YES	MSF 06 UT	F	NO	346	11/15/2006			05/31/2010	PLAN F ATTAINED AGE	234,742	149,556	63.7	62	0	0	0.0	0
YES	MSG 06 UT	G	NO	346	11/15/2006			05/31/2010	PLAN G ATTAINED AGE	13,249	1,267	9.6	4	0	0	0.0	0
YES	MSAAF2010 UT	F	NO	34	07/22/2010				PLAN F ATTAINED AGE (2010)	7,936	4,201	52.9	3	0	0	0.0	0
YES	MSAAG2010 UT	G	NO	34	07/22/2010				PLAN G ATTAINED AGE (2010)	4,009	4,799	119.7	2	3,386	9,047	267.2	1
YES	MSAAN2010 UT	N	NO	34	07/22/2010				PLAN N ATTAINED AGE (2010)	4,534	689	15.2	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									264,470	159,465	60.3	74	3,386	9,047	267.2	1

360.UT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.04/15/1994	.....	.....	.01/11/2006	PLAN C ISSUE AGE.....	12,650	1,766	.....14.0	2	0	0	.....0.0	0
.....YES.....	MS AE 06 VA.....	E.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	41,915	25,922	.....61.8	13	0	0	.....0.0	0
.....YES.....	MS AF 06 VA.....	F.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	2,514,337	1,789,806	.....71.2	620	0	0	.....0.0	0
.....YES.....	MS AG 06 VA.....	G.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	197,018	130,720	.....66.3	61	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									2,765,920	1,948,214	.....70.4	696	0	0	.....0.0	0

360.VA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Vermont

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360.VT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Washington

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.03/04/1998	.....	.04/18/1991	.07/01/1992	PRE-STANDARD.....	0	0	.....0.0	0	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	0	0	.....0.0	0

360.WA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MS-AT (BP) WI-04....	O.....	.....NO.....	....0.....	.04/14/2004	.....	.....	.05/31/2010	MED SUPP WI CORE & RIDERS.....	2,502,464	1,890,934	.....75.6	540	0	0	.....0.0	0
.....YES.....	MS-AT (BP) WI-10 ...	O.....	.....NO.....	....0.....	.06/28/2010	.....	.....	.....	MED SUPP WI CORE & RIDERS (2010)	2,105	474	.....22.5	1	4,165	383	.....9.2	1
0199999.	Total Policy Experience on Individual Policies.....									2,504,569	1,891,408	.....75.5	541	4,165	383	.....9.2	1

360.WI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MS AE 06 WV.....	E.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	24,930	18,728	.....75.1	6	0	0	.....0.0	0
.....YES.....	MS AF 06 WV.....	F.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,186,327	736,372	.....62.1	310	0	0	.....0.0	0
.....YES.....	MS AG 06 WV.....	G.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	143,439	138,087	.....96.3	44	0	0	.....0.0	0
.....YES.....	MS AAF 2010 WV.....	F.....	.....NO.....	....34.....	.06/03/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	5,725	2,638	.....46.1	2	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									1,360,421	895,825	.....65.8	362	0	0	.....0.0	0

360.WV

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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.....	MS AF 06 WY.....	F.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,011,856	574,358	.....56.8	282	0	0	.....0.0	0
.....YES.....	MS AG 06 WY.....	G.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	42,374	19,614	.....46.3	14	0	0	.....0.0	0
.....YES.....	MS AAF 2010 WY.....	F.....	.....NO.....	....34.....	.06/09/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	17,618	8,101	.....46.0	6	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									1,071,848	602,073	.....56.2	302	0	0	.....0.0	0

360.WY

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

VM-20 RESERVES SUPPLEMENT - PART 1

Life Insurance Reserves Valued According to VM-20 by Product Type

For the Year Ended December, 31, 2017

(To Be Filed by March 1)

NAIC Group Code: 0 ($000 Omitted Except for Number of Policies) NAIC Company Code: 56383

		Prior Year	Current Year													
					Section A					Section B				Section C		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		Reported Reserve	Reported Reserve	Deferred Premium Asset	Net Premium Reserve	Deterministic Reserve	Stochastic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Deterministic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Number of Policies	Face Amount
1.	Post-Reinsurance-Ceded Reserve															
	1.1 Term Life Insurance	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	XXX	XXX	XXX
	1.2 Universal Life with Secondary Guarantee	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
	1.3 Non-participating Whole Life	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
	1.4 Participating Whole Life	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
	1.5 Universal Life without Secondary Guarantee	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
	1.6 Variable Universal Life	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
	1.7 Variable Life	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
	1.8 Indexed Life	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
	1.9 Aggregate write-ins for other products	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
2.	Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	Pre-Reinsurance-Ceded Reserves															
	3.1 Term Life Insurance	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	3.2 Universal Life with Secondary Guarantee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.3 Non-participating Whole Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.4 Participating Whole Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.5 Universal Life without Secondary Guarantee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.6 Variable Universal Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.7 Variable Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.8 Indexed Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.9 Aggregate write-ins for other products	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	Total Reserves Ceded (Line 4 minus Line 2)	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	DETAILS OF WRITE-INS															
1.901		0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
1.902		0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
1.903		0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
1.998	Summ. of remaining write-ins for Line 1.9 from overflow	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
1.999	Totals (Lines 1.901 thru 1.903 + 1.998) (Line 1.9 above)	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
3.901		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.902		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.903		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.998	Summ. of remaining write-ins for Line 3.9 from overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.999	Totals (Lines 3.901 thru 3.903 + 3.998) (Line 3.9 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

Supplement for the year 2017 of the **The Order Of United Commercial Travelers Of America**

VM-20 RESERVES SUPPLEMENT - PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three Year Transition Period

For the Year Ended December 31, 2017

(To Be filed by March 1)

($000 Omitted Except for Number of Policies)

	Three Transition Period					
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1 Term Life	0	0	122	61	6	625
1.2 Universal Life with Secondary Guarantee	0	0	0	0	0	0
1.3 Non-participating Whole Life	0	0	0	0	0	0
1.4 Participating Whole Life	0	0	0	0	0	0
1.5 Universal Life without Secondary Guarantee	0	0	0	0	0	0
1.6 Variable Universal Life	0	0	0	0	0	0
1.7 Variable Life	0	0	0	0	0	0
1.8 Indexed Life	0	0	0	0	0	0
1.9 Aggregate write-ins for other products	0	0	0	0	0	0
2. Total Life Insurance Reserves (Sum of Lines 1.1 through 1.9)	0	0	122	61	6	625
DETAILS OF WRITE-INS						
1.901	0	0	0	0	0	0
1.902	0	0	0	0	0	0
1.903	0	0	0	0	0	0
1.998 Summary of remaining write-ins for Line 1.9 from overflow page	0	0	0	0	0	0
1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)	0	0	0	0	0	0

VM-20 RESERVES SUPPLEMENT - PART 3

Companywide Exemption

For the Year Ended December 31, 2017

(To be Filed by March 1)

($000 Omitted Except for Number of Policies)

Companywide Exemption as Defined in the NAIC Adopted Valuation Manual (VM)

1. Has the company filed and been granted a companywide exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [ ] No [ ]

2 If the response to Question 1 is "Yes", then check the source of the granted "company exemption" definition. (Check either 2.1, 2.2 or 2.3)

2.1 NAIC Adopted VM [ ]

2.2 State Statute SVL [ ] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes [ ] No [ ]

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

2.3 State Regulation [ ] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes [ ] No [ ]

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

NONE

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