



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

CENTRAL RESERVE LIFE INSURANCE COMPANY

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

Organized under the Laws of OH

Incorporated/Organized..... July 2, 1963

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 61727

State of Domicile or Port of Entry OH

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

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

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

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

www.CignaSupplementalBenefits.com

Renee Wilkins Feldman
(Name)

CSBFinRpt@cigna.com
(E-Mail Address)

Employer's ID Number..... 34-0970995

Country of Domicile US

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

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

(512) 531-1465
(Area Code) (Telephone Number) (Extension)

512-467-1399
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stephen Burnett Jones #	President	2. Byron Keith Buescher	Treasurer and Chief Accounting Officer
3. Anna Krishtul	Secretary	4. Susan Eadaoine Buck	Appointed Actuary

OTHER

Gregory John Czar #	Executive Vice President and Chief Financial Officer	David Lawrence Chambers	Vice President-Sales and Marketing
Mark Fleming	Vice President and Assistant Treasurer	Joanne Ruth Hart	Vice President and Assistant Treasurer
Scott Ronald Lambert	Vice President and Assistant Treasurer	Ryan Bruce McGroarty #	Vice President
Maureen Hardiman Ryan	Vice President and Assistant Treasurer	Man-Kit Simon Tang	Vice President and Chief Actuary

DIRECTORS OR TRUSTEES

Gregory John Czar #	Brian Case Evanko	Stephen Burnett Jones #	Ryan Bruce McGroarty #
Frank Sataline Jr. #	James Yablecki		

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

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

(Signature)	(Signature)	(Signature)
Stephen Burnett Jones	Byron Keith Buescher	Anna Krishtul
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer and Chief Accounting Officer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2018	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	752	.....	.....	.....	.....752
2. Annuity considerations.....	.....	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	.....XXX.....	.....	.....XXX.....	0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	752	0	0	0	752
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	.....	.....	.....	.....	.....0
10. Matured endowments.....	.....	.....	.....	.....	.....0
11. Annuity benefits.....	- .....	.....	.....	.....	.....0
12. Surrender values and withdrawals for life contracts.....	- .....	.....	.....	.....	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	.....	.....	.....	.....	.....0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	80,000	.....	(a).....	.....	.....	.....	.....	.....2	80,000
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	0
22. Other changes to in force (Net).....	- .....	- .....	.....	.....	.....	.....	.....	.....	.....0	0
23. In force December 31 of current year.....	2	80,000	0	(a).....0	0	0	0	0	2	80,000

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	18,895				18,895
2. Annuity considerations.....	2,400				2,400
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,295	0	0	0	21,295
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	8,627				8,627
12. Surrender values and withdrawals for life contracts.....	500				500
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	9,127	0	0	0	9,127

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	33	1,848,703		(a).....					33	1,848,703
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(141,524)							(2)	(141,524)
23. In force December 31 of current year.....	31	1,707,179	0	(a).....0	0	0	0	0	31	1,707,179

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	9,131	9,131		4,504	4,409
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	20,071	20,019		9,449	9,114
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	20,071	20,019	0	9,449	9,114
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	29,202	29,150	0	13,953	13,523

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,010				5,010
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,010	0	0	0	5,010
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8	92,250	(a).....						8	92,250
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	8	92,250	(a).....	0	0	0	0	0	8	92,250

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	23,165	20,279		9,402	8,377
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	23,165	20,279	0	9,402	8,377
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	23,165	20,279	0	9,402	8,377

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



DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,542				6,542
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,542	0	0	0	6,542
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	44,548				44,548
12. Surrender values and withdrawals for life contracts.....	31,778				31,778
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	76,326	0	0	0	76,326

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	11	850,957	(a)						11	850,957
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	11	850,957	(a)	0	0	0	0	0	11	850,957

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,263	1,263		2,241	2,228
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	17,003	16,942		4,379	4,279
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	17,003	16,942	0	4,379	4,279
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,266	18,205	0	6,620	6,507

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12				12
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12	0	0	0	12
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	430				430
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	430	0	0	0	430

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	602	(a).....						1	602
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	(40)							0	(40)
23. In force December 31 of current year.....	1	562	(a).....	0	0	0	0	0	1	562

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,167	934		1,440	1,430
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	-	-		-	-
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,167	934	0	1,440	1,430

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



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,331				2,331
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,331	0	0	0	2,331
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	9,204				9,204
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	9,204	0	0	0	9,204

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8	267,000		(a).....					8	267,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(100,000)							(1)	(100,000)
23. In force December 31 of current year.....	7	167,000	0	(a).....0	0	0	0	0	7	167,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,602	5,602		1,220	1,233
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,602	5,602	0	1,220	1,233
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,602	5,602	0	1,220	1,233

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	237				237
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	237	0	0	0	237
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,850				1,850
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,850	0	0	0	1,850

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	413				413
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	413	0	0	0	413
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	313	314		-	(50)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	313	314	0	0	(50)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	313	314	0	0	(50)

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,531				4,531
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,531	0	0	0	4,531
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	36,686				36,686
12. Surrender values and withdrawals for life contracts.....	6,667				6,667
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	43,352	0	0	0	43,352

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	26	858,847		(a).....					26	858,847
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(433,770)							(5)	(433,770)
23. In force December 31 of current year.....	21	425,077	0	(a).....0	0	0	0	0	21	425,077

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,122	1,122		549	558
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,879	1,943		4,530	3,565
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,879	1,943	0	4,530	3,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,001	3,065	0	5,079	4,123

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....			.61		.61
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		.XXX		.XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.0	.0	.61	.0	.61
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.2	.92,740	(a).....						.2	.92,740
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(1)	(91,161)							(1)	(91,161)
23. In force December 31 of current year.....	.1	.1,579	(a).....	.0	.0	.0	.0	.0	.1	.1,579

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.6,639	.6,583		.5,127	.5,091
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,600	10,655		1,738	1,753
25.3 Non-renewable for stated reasons only (b).....	4,150	4,134		.114	.363
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	14,750	14,789	.0	1,852	2,116
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	21,389	21,372	.0	6,979	7,207

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	557,095		.61		557,156
2. Annuity considerations.....	132,822				132,822
3. Deposit-type contract funds.....		.XXX		.XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	689,917	0	.61	0	689,978
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	568				568
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	949				949
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,517	0	0	0	1,517
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,517	0	0	0	1,517
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	656,160				656,160
10. Matured endowments.....					0
11. Annuity benefits.....	512,509				512,509
12. Surrender values and withdrawals for life contracts.....	462,869				462,869
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,631,538	0	0	0	1,631,538

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	12	146,607							12	146,607
17. Incurred during current year.....	35	562,974							35	562,974
Settled during current year:										
18.1 By payment in full.....	41	648,174							41	648,174
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	41	648,174	0	0	0	0	0	0	41	648,174
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	41	648,174	0	0	0	0	0	0	41	648,174
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	61,407	0	0	0	0	0	0	6	61,407
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,194	36,376,265		(a).....					1,194	36,376,265
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(121)	(4,121,665)							(121)	(4,121,665)
23. In force December 31 of current year.....	1,073	32,254,600	0	(a).....0	0	0	0	0	1,073	32,254,600

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	44,944	44,793		53,468	(11,985)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	48,170	48,188		34,942	33,940
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,661,690	4,704,200		3,225,574	3,143,794
25.3 Non-renewable for stated reasons only (b).....	24,899	24,802		684	2,177
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,686,589	4,729,002	0	3,226,258	3,145,971
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,779,703	4,821,983	0	3,314,668	3,167,926

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



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,164				3,164
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,164	0	0	0	3,164
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,014				7,014
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,014	0	0	0	7,014

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	7,000							1	7,000
Settled during current year:										
18.1 By payment in full.....	1	7,000							1	7,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	7,000	0	0	0	0	0	0	1	7,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	7,000	0	0	0	0	0	0	1	7,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	43,407		(a).....					6	43,407
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(7,000)							(1)	(7,000)
23. In force December 31 of current year.....	5	36,407	0	(a).....0	0	0	0	0	5	36,407

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	70,105	71,586		66,408	64,247
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	70,105	71,586	0	66,408	64,247
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	70,105	71,586	0	66,408	64,247

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	90,000	(a).....						1	90,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	90,000	(a).....	0	0	0	0	0	1	90,000

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	25,071				25,071
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	25,071	0	0	0	25,071
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	21,168				21,168
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,355				1,355
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	22,523	0	0	0	22,523

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	21,000							2	21,000
Settled during current year:										
18.1 By payment in full.....	2	21,000							2	21,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	21,000	0	0	0	0	0	0	2	21,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	21,000	0	0	0	0	0	0	2	21,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	39	427,000		(a).....					39	427,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(56,000)							(4)	(56,000)
23. In force December 31 of current year.....	35	371,000	0	(a).....0	0	0	0	0	35	371,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	14,441	14,446		7,587	7,382
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,698	1,700		1,347	1,284
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	305,469	308,566		255,567	248,832
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	305,469	308,566	0	255,567	248,832
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	321,608	324,712	0	264,501	257,498

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	46,583				46,583
2. Annuity considerations.....	7,500				7,500
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	54,083	0	0	0	54,083
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	91,749				91,749
10. Matured endowments.....					0
11. Annuity benefits.....	(3,823)				(3,823)
12. Surrender values and withdrawals for life contracts.....	1,863				1,863
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	89,788	0	0	0	89,788

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	91,450							1	91,450
Settled during current year:										
18.1 By payment in full.....	1	91,450							1	91,450
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	91,450	0	0	0	0	0	0	1	91,450
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	91,450	0	0	0	0	0	0	1	91,450
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	109	5,835,785		(a).....					109	5,835,785
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(14)	(729,095)							(14)	(729,095)
23. In force December 31 of current year.....	95	5,106,690	0	(a).....0	0	0	0	0	95	5,106,690

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	82	82		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,450	3,454		2,251	2,113
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	205,835	206,984		163,310	160,239
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	205,835	206,984	0	163,310	160,239
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	209,367	210,520	0	165,561	162,352

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	30,558				30,558
2. Annuity considerations.....	1,200				1,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	31,758	0	0	0	31,758
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	25,069				25,069
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,942				1,942
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	27,011	0	0	0	27,011

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	25,000							1	25,000
Settled during current year:										
18.1 By payment in full.....	1	25,000							1	25,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	25,000	0	0	0	0	0	0	1	25,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	25,000	0	0	0	0	0	0	1	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	66	1,614,209		(a).....					66	1,614,209
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(43,000)							(3)	(43,000)
23. In force December 31 of current year.....	63	1,571,209	0	(a).....0	0	0	0	0	63	1,571,209

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	305	305		-	(10)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,063	3,063		1,727	1,695
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	236,406	243,657		226,913	221,952
25.3 Non-renewable for stated reasons only (b).....	20,749	20,668		570	1,814
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	257,155	264,325	0	227,483	223,766
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	260,523	267,693	0	229,210	225,451

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,084				2,084
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,084	0	0	0	2,084
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	231				231
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	231	0	0	0	231

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	120,000	(a).....						3	120,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	3	120,000	(a).....	0	0	0	0	0	3	120,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		3,200	3,200
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	42,457	45,845		32,147	30,810
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	42,457	45,845	0	32,147	30,810
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	42,457	45,845	0	35,347	34,010

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	301				301
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	301	0	0	0	301
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	100,566		(a).....					2	100,566
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	2	100,566	0	(a).....0	0	0	0	0	2	100,566

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,135	11,140		19,636	19,262
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,135	11,140	0	19,636	19,262
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,135	11,140	0	19,636	19,262

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,633				1,633
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,633	0	0	0	1,633
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	141,862	(a).....						1	141,862
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	141,862	(a).....	0	0	0	0	0	1	141,862

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,267	5,266		1,297	1,225
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,267	5,266	0	1,297	1,225
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,267	5,266	0	1,297	1,225

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



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,562				8,562
2. Annuity considerations.....	4,777				4,777
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,339	0	0	0	13,339
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,322				2,322
10. Matured endowments.....					0
11. Annuity benefits.....	21,593				21,593
12. Surrender values and withdrawals for life contracts.....	156,967				156,967
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	180,882	0	0	0	180,882

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	25	1,742,036		(a).....					25	1,742,036
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(517,877)							(7)	(517,877)
23. In force December 31 of current year.....	18	1,224,159	0	(a).....0	0	0	0	0	18	1,224,159

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,023	944		338	345
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,903	4,902		2,979	3,077
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,903	4,902	0	2,979	3,077
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,926	5,846	0	3,317	3,422

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	5,196	5,166	.....	.....7,067	7,538
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,196	5,166	0	7,067	7,538
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,196	5,166	0	7,067	7,538

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	27,443				27,443
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	27,443	0	0	0	27,443
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,034				5,034
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,847				3,847
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,881	0	0	0	8,881

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	7,500							2	7,500
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,500	0	0	0	0	0	0	1	2,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	57	1,392,266		(a).....					57	1,392,266
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(132,180)							(5)	(132,180)
23. In force December 31 of current year.....	52	1,260,086	0	(a).....0	0	0	0	0	52	1,260,086

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	99	123		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	833	833		527	518
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	70,917	76,460		60,753	57,852
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	70,917	76,460	0	60,753	57,852
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	71,849	77,416	0	61,280	58,370

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	815				815
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	815	0	0	0	815
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	5,982				5,982
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,982	0	0	0	5,982

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	40,500	(a).						4	40,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(27,500)							(2)	(27,500)
23. In force December 31 of current year.....	2	13,000	(a).	0	0	0	0	0	2	13,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,220	8,270		(50)	(554)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,220	8,270	0	(50)	(554)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,220	8,270	0	(50)	(554)

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	127,808	131,093		79,130	74,407
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	127,808	131,093	0	79,130	74,407
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	127,808	131,093	0	79,130	74,407

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	101,905				101,905
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	101,905	0	0	0	101,905
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	112,943				112,943
10. Matured endowments.....					0
11. Annuity benefits.....	1,365				1,365
12. Surrender values and withdrawals for life contracts.....	7,035				7,035
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	121,343	0	0	0	121,343

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	7	102,053							7	102,053
Settled during current year:										
18.1 By payment in full.....	8	112,053							8	112,053
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	112,053	0	0	0	0	0	0	8	112,053
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	112,053	0	0	0	0	0	0	8	112,053
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	153	3,105,212	(a)						153	3,105,212
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(237,655)							(15)	(237,655)
23. In force December 31 of current year.....	138	2,867,557	0	0	0	0	0	0	138	2,867,557

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	5,868	5,868		5,778	5,641
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	477,889	482,268		218,839	209,525
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	477,889	482,268	0	218,839	209,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	483,757	488,136	0	224,617	215,166

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	726				726
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	726	0	0	0	726
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	17,455	(a).....						3	17,455
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	3	17,455	(a).....	0	0	0	0	0	3	17,455

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	68,285	71,369		39,033	38,061
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	68,285	71,369	0	39,033	38,061
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	68,285	71,369	0	39,033	38,061

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	365,030	366,521		303,373	294,771
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	365,030	366,521	0	303,373	294,771
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	365,030	366,521	0	303,373	294,771

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,178				1,178
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,178	0	0	0	1,178
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	123,938	(a).....						2	123,938
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	2	123,938	(a).....	0	0	0	0	0	2	123,938

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,619	1,485		1,156	1,139
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	123	123		-	-
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	123	123	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,742	1,608	0	1,156	1,139

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	103,450				103,450
2. Annuity considerations.....	109,645				109,645
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	213,095	0	0	0	213,095
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	568				568
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	949				949
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,517	0	0	0	1,517
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,517	0	0	0	1,517
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	199,272				199,272
10. Matured endowments.....					0
11. Annuity benefits.....	384,932				384,932
12. Surrender values and withdrawals for life contracts.....	135,148				135,148
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	719,352	0	0	0	719,352

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	86,767							4	86,767
17. Incurred during current year.....	11	167,786							11	167,786
Settled during current year:										
18.1 By payment in full.....	12	197,787							12	197,787
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	197,787	0	0	0	0	0	0	12	197,787
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	197,787	0	0	0	0	0	0	12	197,787
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	56,766	0	0	0	0	0	0	3	56,766
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	307	8,800,375		(a).....					307	8,800,375
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(550,896)							(26)	(550,896)
23. In force December 31 of current year.....	281	8,249,479	0	(a).....0	0	0	0	0	281	8,249,479

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,587	4,552		6,872	6,402
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	27,373	27,614		20,452	19,917
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	133,967	137,210		84,915	80,050
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	133,967	137,210	0	84,915	80,050
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	165,927	169,376	0	112,239	106,369

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,701				5,701
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,701	0	0	0	5,701
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,031				1,031
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,031	0	0	0	1,031

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	252,000	(a).....						12	252,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(10,000)							(2)	(10,000)
23. In force December 31 of current year.....	10	242,000	(a).....	0	0	0	0	0	10	242,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	36,992	36,982		50,022	49,989
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	36,992	36,982	0	50,022	49,989
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	36,992	36,982	0	50,022	49,989

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	- .....	- .....	.....	- .....	- .....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	- .....	- .....	.....	- .....	- .....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	13,988	13,882	.....	10,401	10,493
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,988	13,882	0	10,401	10,493
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,988	13,882	0	10,401	10,493

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,457				7,457
2. Annuity considerations.....	6,700				6,700
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,157	0	0	0	14,157
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	4,350				4,350
12. Surrender values and withdrawals for life contracts.....	18,081				18,081
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	22,431	0	0	0	22,431

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	802							1	802
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	802	0	0	0	0	0	0	1	802
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	21	1,067,430		(a).....					21	1,067,430
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(305,094)							(4)	(305,094)
23. In force December 31 of current year.....	17	762,336	0	(a).....0	0	0	0	0	17	762,336

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	223,272	222,420		134,261	130,462
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	223,272	222,420	0	134,261	130,462
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	223,272	222,420	0	134,261	130,462

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	16,617				16,617
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,617	0	0	0	16,617
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,662				1,662
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,662	0	0	0	1,662

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	35	1,699,578		(a).....					35	1,699,578
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(76,059)							(1)	(76,059)
23. In force December 31 of current year.....	34	1,623,519	0	(a).....0	0	0	0	0	34	1,623,519

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	316	317		-	(28)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	189,710	190,308		128,447	124,981
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	189,710	190,308	0	128,447	124,981
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	190,026	190,625	0	128,447	124,953

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	632				632
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	632	0	0	0	632
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,585				1,585
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,585	0	0	0	1,585

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,574	3,574		720	680
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	12,009	12,354		12,046	11,819
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,009	12,354	0	12,046	11,819
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,583	15,928	0	12,766	12,499

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	13,977				13,977
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,977	0	0	0	13,977
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	146,900				146,900
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	640				640
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	147,540	0	0	0	147,540

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	41,538							4	41,538
17. Incurred during current year.....	3	104,339							3	104,339
Settled during current year:										
18.1 By payment in full.....	6	144,538							6	144,538
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	144,538	0	0	0	0	0	0	6	144,538
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	144,538	0	0	0	0	0	0	6	144,538
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,339	0	0	0	0	0	0	1	1,339
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	38	1,319,891		(a).....					38	1,319,891
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	(451,035)							(10)	(451,035)
23. In force December 31 of current year.....	28	868,856	0	(a).....0	0	0	0	0	28	868,856

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	-	-		18,000	(46,458)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	102,503	102,887		108,750	106,383
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	102,503	102,887	0	108,750	106,383
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	102,503	102,887	0	126,750	59,925

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	32,784				32,784
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	32,784	0	0	0	32,784
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	20,110				20,110
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,620				3,620
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	23,730	0	0	0	23,730

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	20,000							3	20,000
Settled during current year:										
18.1 By payment in full.....	3	20,000							3	20,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	20,000	0	0	0	0	0	0	3	20,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	20,000	0	0	0	0	0	0	3	20,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	54	697,827		(a).....					54	697,827
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(20,046)							(3)	(20,046)
23. In force December 31 of current year.....	51	677,781	0	(a).....0	0	0	0	0	51	677,781

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	5,585	5,709		4,141	4,045
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	(806)	(803)		453	381
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	459,453	460,180		202,725	194,755
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	459,453	460,180	0	202,725	194,755
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	464,232	465,086	0	207,319	199,181

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,601				2,601
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,601	0	0	0	2,601
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	966				966
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	966	0	0	0	966

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	106,524		(a).....					3	106,524
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(3,500)							(1)	(3,500)
23. In force December 31 of current year.....	2	103,024	0	(a).....0	0	0	0	0	2	103,024

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	74,912				74,912
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	74,912	0	0	0	74,912
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	22,724				22,724
10. Matured endowments.....					0
11. Annuity benefits.....	14,232				14,232
12. Surrender values and withdrawals for life contracts.....	64,373				64,373
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	101,328	0	0	0	101,328

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	7,500							2	7,500
17. Incurred during current year.....	2	15,000							2	15,000
Settled during current year:										
18.1 By payment in full.....	4	22,500							4	22,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	22,500	0	0	0	0	0	0	4	22,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	22,500	0	0	0	0	0	0	4	22,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	133	2,518,922		(a).....					133	2,518,922
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(45,000)							(7)	(45,000)
23. In force December 31 of current year.....	126	2,473,922	0	(a).....0	0	0	0	0	126	2,473,922

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,323,577	1,330,078		904,889	894,276
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,323,577	1,330,078	0	904,889	894,276
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,323,577	1,330,078	0	904,889	894,276

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-		-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,288	7,091		1,245	887
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,288	7,091	0	1,245	887
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,288	7,091	0	1,245	887

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,857				1,857
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,857	0	0	0	1,857

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	1,846							2	1,846
Settled during current year:										
18.1 By payment in full.....	2	1,846							2	1,846
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	1,846	0	0	0	0	0	0	2	1,846
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	1,846	0	0	0	0	0	0	2	1,846
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	1,846		(a).....					2	1,846
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(1,846)							(2)	(1,846)
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	421	421			(4)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,180	12,050		36,600	36,556
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,180	12,050	0	36,600	36,556
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,601	12,471	0	36,600	36,552

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



* 6 1 7 2 7 2 0 1 7 4 3 0 4 9 1 0 0 *

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,952				9,952
2. Annuity considerations.....	600				600
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,552	0	0	0	10,552
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	6,114				6,114
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,114	0	0	0	6,114

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	23	980,538		(a).....					23	980,538
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(131,387)							(4)	(131,387)
23. In force December 31 of current year.....	19	849,151	0	(a).....0	0	0	0	0	19	849,151

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	261	261			(3)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,262	7,996		9,791	9,483
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,262	7,996	0	9,791	9,483
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,523	8,257	0	9,791	9,480

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

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....61727

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	55,811	55,792		34,362	34,146
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	55,811	55,792	0	34,362	34,146
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	55,811	55,792	0	34,362	34,146

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

CENTRAL RESERVE LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	25,586
2. Current year's realized pre-tax capital gains/(losses) of \$.....(2,531) transferred into the reserve net of taxes of \$.....(886).....	(1,646)
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).....	23,940
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	6,581
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	17,359

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.....	6,756	(175)		6,581
2. 2018.....	6,381	(431)		5,950
3. 2019.....	5,508	(448)		5,060
4. 2020.....	4,493	(325)		4,168
5. 2021.....	3,218	(199)		3,019
6. 2022.....	1,633	(68)		1,565
7. 2023.....	275			275
8. 2024.....	(304)			(304)
9. 2025.....	(404)			(404)
10. 2026.....	(376)			(376)
11. 2027.....	(257)			(257)
12. 2028.....	(212)			(212)
13. 2029.....	(228)			(228)
14. 2030.....	(244)			(244)
15. 2031.....	(228)			(228)
16. 2032.....	(181)			(181)
17. 2033.....	(134)			(134)
18. 2034.....	(82)			(82)
19. 2035.....	(28)			(28)
20. 2036.....				0
21. 2037.....				0
22. 2038.....				0
23. 2039.....				0
24. 2040.....				0
25. 2041.....				0
26. 2042.....				0
27. 2043.....				0
28. 2044.....				0
29. 2045.....				0
30. 2046.....				0
31. 2047 and Later.....				0
32. Total (Lines 1 to 31).....	25,586	(1,646)	0	23,940

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	15,491		15,491			.0	15,491
2. Realized capital gains/(losses) net of taxes - General Account.....			0			.0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			.0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			.0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			.0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			.0	0
7. Basic contribution.....	1,900		1,900			.0	1,900
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	17,391	0	17,391	0	0	.0	17,391
9. Maximum reserve.....	8,998		8,998			.0	8,998
10. Reserve objective.....	5,799		5,799			.0	5,799
11. 20% of (Line 10 minus Line 8).....	(2,318)	0	(2,318)	0	0	.0	(2,318)
12. Balance before transfers (Lines 8 + 11).....	15,072	0	15,072	0	0	.0	15,072
13. Transfers.....			0			.0	0
14. Voluntary contribution.....			0			.0	0
15. Adjustment down to maximum/up to zero.....	(6,075)		(6,075)			.0	(6,075)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	8,997	0	8,997	0	0	.0	8,997

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	4,427,709	XXX	XXX	4,427,709	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
3	2	High quality.....	999,749	XXX	XXX	999,749	0.0019	1,900	0.0058	5,799	0.0090	8,998
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8).....	5,427,458	XXX	XXX	5,427,458	XXX	1,900	XXX	5,799	XXX	8,998
		PREFERRED STOCKS										
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations.....	413,335	XXX	XXX	413,335	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24).....	413,335	XXX	XXX	413,335	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	5,840,793	XXX	XXX	5,840,793	XXX	1,900	XXX	5,799	XXX	8,998

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
36		Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
37		Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
38		Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
39		Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
40		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other.....			XXX.....	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
44		Commercial mortgages-all other - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
45		Commercial mortgages-all other - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
46		Commercial mortgages-all other - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
47		Commercial mortgages-all other - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, not in process:										
48		Farm mortgages.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
49		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
50		Residential mortgages-all other.....			XXX.....	0	0.0025	0	0.0058	0	0.0090	0
51		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
52		Commercial mortgages-all other.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
53		Farm mortgages.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
54		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
55		Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0130	0	0.0130	0
56		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
57		Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
58		Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
59		Schedule DA mortgages.....			XXX.....	0	0.0030	0	0.0100	0	0.0130	0
60		Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(a).....	0	(a).....	0
2		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....	6,783,633	XXX	XXX	6,783,633	0.0000	0	0.0000	0	0.0000	0
Affiliated Investment Subsidiary:												
5		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
6		Fixed income highest quality.....				0	XXX		XXX		XXX	
7		Fixed income high quality.....				0	XXX		XXX		XXX	
8		Fixed income medium quality.....				0	XXX		XXX		XXX	
9		Fixed income low quality.....				0	XXX		XXX		XXX	
10		Fixed income lower quality.....				0	XXX		XXX		XXX	
11		Fixed income in or near default.....				0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
14		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	6,783,633	0	0	6,783,633	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	3,339,277	XXX	31,616	XXX		XXX	24,912	XXX		XXX	3,282,749	XXX		XXX		XXX		XXX
2.	Premiums earned.....	3,382,077	XXX	31,848	XXX		XXX	24,954	XXX		XXX	3,325,275	XXX		XXX		XXX		XXX
3.	Incurred claims.....	2,287,872	67.6	15,956	50.1	0	0.0	17,100	68.5	0	0.0	2,254,816	67.8	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	7,254	0.2		0.0		0.0		0.0		0.0	7,254	0.2		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	2,295,126	67.9	15,956	50.1	0	0.0	17,100	68.5	0	0.0	2,262,070	68.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	(15,188)	(0.4)	(1,933)	(6.1)	0	0.0	0	0.0	0	0.0	(13,255)	(0.4)	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	(76,796)	(2.3)	154	0.5		0.0	(4,069)	(16.3)		0.0	(72,881)	(2.2)		0.0		0.0		0.0
8.	Other general insurance expenses.....	350,045	10.4	2,603	8.2		0.0	(931)	(3.7)		0.0	348,373	10.5		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	86,479	2.6	456	1.4		0.0	5,336	21.4		0.0	80,687	2.4		0.0		0.0		0.0
10.	Total other expenses incurred.....	359,728	10.6	3,213	10.1	0	0.0	336	1.3	0	0.0	356,179	10.7	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	1,185	0.0	(2)	(0.0)	0	0.0	(16)	(0.1)	0	0.0	1,203	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	741,226	21.9	14,614	45.9	0	0.0	7,534	30.2	0	0.0	719,078	21.6	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	741,226	21.9	14,614	45.9	0	0.0	7,534	30.2	0	0.0	719,078	21.6	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Increase in Loading.....	139	0.0	(10)	(0.0)		0.0	(13)	(0.1)		0.0	162	0.0		0.0		0.0		0.0
1102.	Penalties.....	1,046	0.0	8	0.0		0.0	(3)	(0.0)		0.0	1,041	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
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).....	1,185	0.0	(2)	(0.0)	0	0.0	(16)	(0.1)	0	0.0	1,203	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	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	241,611	102		2,336		239,173			
2. Advance premiums.....	29,365	361		891		28,113			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	270,976	463	0	3,227	0	267,286	0	0	0
5. Total premium reserves, prior year.....	295,683	734		3,256		291,693			
6. Increase in total premium reserves.....	(24,707)	(271)	0	(29)	0	(24,407)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	208,468	80,046				128,422			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	208,468	80,046	0	0	0	128,422	0	0	0
4. Total contract reserves, prior year.....	223,656	81,979				141,677			
5. Increase in contract reserves.....	(15,188)	(1,933)	0	0	0	(13,255)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	237,834	4,173	0	1,591	0	232,070	0	0	0
2. Total prior year.....	291,700	10,243		2,050		279,407			
3. Increase.....	(53,866)	(6,070)	0	(459)	0	(47,337)	0	0	0

38

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.....	258,490	4,530		180		253,780			
1.2 On claims incurred during current year.....	2,083,248	17,496		17,379		2,048,373			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	1,741					1,741			
2.2 On claims incurred during current year.....	236,093	4,173		1,591		230,329			
3. Test:									
3.1 Lines 1.1 and 2.1.....	260,231	4,530	0	180	0	255,521	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	291,700	10,243		2,050		279,407			
3.3 Line 3.1 minus Line 3.2.....	(31,469)	(5,713)	0	(1,870)	0	(23,886)	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	1,423,110	12,970		23,193		1,362,143	24,804		
2. Premiums earned.....	1,441,126	12,946		23,234		1,380,144	24,802		
3. Incurred claims.....	880,052	(27,940)		16,840		888,975	2,177		
4. Commissions.....	160,918	2,693		4,069		154,156			

(a) Includes \$0 premium deficiency reserve.

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	2,177	60,853	3,104,897	3,167,927
2. Beginning claim reserves and liabilities.....	18,856	7,000	487,989	513,845
3. Ending claim reserves and liabilities.....	20,349	5,000	341,755	367,104
4. Claims paid.....	684	62,853	3,251,131	3,314,668
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....	2,177	23,824	854,052	880,053
10. Beginning claim reserves and liabilities.....	18,856	3,413	422,587	444,856
11. Ending claim reserves and liabilities.....	20,349	2,384	330,839	353,572
12. Claims paid.....	684	24,853	945,800	971,337
D. Net:				
13. Incurred claims.....	0	37,029	2,250,845	2,287,874
14. Beginning claim reserves and liabilities.....	0	3,587	65,402	68,989
15. Ending claim reserves and liabilities.....	0	2,616	10,916	13,532
16. Claims paid.....	0	38,000	2,305,331	2,343,331
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....		37,029	2,258,099	2,295,128
18. Beginning reserves and liabilities.....		3,587	66,416	70,003
19. Ending reserves and liabilities.....		2,616	12,989	15,605
20. Paid claims and cost containment expenses.....	0	38,000	2,311,526	2,349,526

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						
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....		46,177
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....		77,121
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				0	123,298
1099999.	Total - Life and Annuity Non-Affiliates.....				0	123,298
1199999.	Total - Life and Annuity.....				0	123,298
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	223,596	72,810
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Co of America.....	FL.....	548	8,792
71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	159	172
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company.....	IA.....		16,212
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				224,303	97,986
2199999.	Total - Accident and Health Non-Affiliates.....				224,303	97,986
2299999.	Total - Accident and Health.....				224,303	97,986
2399999.	Total U.S.....				224,303	221,284
9999999.	Total.....				224,303	221,284

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	OL.....	12,033,708	1,591,952	1,175,928	367,609	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	ACO/I.....	FL.....	.....	.....3,952,539	4,537,042	64,023	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	ACO/I.....	FL.....	.....	.....3,991,877	3,954,230	64,023	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	OTH/I.....	OL.....	8,868,420	663,394	674,188	145,684	.....	.....	.....	.....
88099.....	75-1608507....	10/12/2004	Optimum Re.....	TX.....	YRT/I.....	OL.....	901,993	4,048	3,773	3,728	.....	.....	.....	.....
82627.....	06-0839705....	01/01/2005	Swiss Re Life & Health.....	MO.....	CO/I.....	OL.....	9,311,102	279,135	265,098	29,148	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	TX.....	ACO/I.....	FL.....	.....	.....492,296	522,972	4,777	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	TX.....	CO/I.....	OL.....	1,139,379	17,622	19,847	6,447	.....	.....	.....	.....
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company	IA.....	CO/G.....	OL.....	.....	.....	.....	.....61	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						32,254,602	10,992,863	11,153,078	685,500	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						32,254,602	10,992,863	11,153,078	685,500	0	0	0	0
1199999.	Total - General Account - Authorized.....						32,254,602	10,992,863	11,153,078	685,500	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						32,254,602	10,992,863	11,153,078	685,500	0	0	0	0
6999999.	Total U.S.....						32,254,602	10,992,863	11,153,078	685,500	0	0	0	0
9999999.	Total.....						32,254,602	10,992,863	11,153,078	685,500	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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	A.....	144	.....	.....	.....	.....	.....	.....
88340.....	59-2859797....	.01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	LTDI.....	.....	.....	.....4,171	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	OM.....	152	.....	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	LTDI.....	.....	.....	.....81,201	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	A.....	.....	.....33	932	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	D.....	12,751	69	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	MS.....	1,326,287	98,281	11,549	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OM.....	28,046	4,772	30,071	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	LTDI.....	313	10	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	A.....	330	99	56,975	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	D.....	23,192	2,332	.....	.....	.....	.....	.....
88340.....	59-2859797....	.01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OM.....	4,835	1,536	.....	.....	.....	.....	.....
67679.....	23-1609793....	.08/01/2006	American Republic Insurance Company.....	IA.....	CO/I.....	CMM.....	24,057	149	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	CO/G.....	MS.....	(79)	270	3,314	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	CO/I.....	MS.....	2,145	.....	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	CO/I.....	OM.....	190	.....	.....	.....	.....	.....	.....
62235.....	01-0278678....	.01/01/1994	UNUM Life Insurance Company.....	ME.....	CO/G.....	LTDI.....	.....	.....	.....25,023	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						1,422,363	107,551	213,236	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-3190987....	.07/01/2014	Cigna Global Reinsurance Company.....	BMU.....	CAT/G.....	A.....	84	.....	.....	.....	.....	.....	.....
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						84	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						1,422,447	107,551	213,236	0	0	0	0
1199999.	Total - General Account - Authorized.....						1,422,447	107,551	213,236	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						1,422,447	107,551	213,236	0	0	0	0
6999999.	Total - U.S.....						1,422,363	107,551	213,236	0	0	0	0
7099999.	Total - Non-U.S.....						84	0	0	0	0	0	0
9999999.	Total.....						1,422,447	107,551	213,236	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2017	2016	2015	2014	2013
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	2,108	2,397	2,784	3,201	3,642
2.	Commissions and reinsurance expense allowances.....	180	229	283	353	452
3.	Contract claims.....	1,897	1,396	2,100	2,745	2,439
4.	Surrender benefits and withdrawals for life contracts.....					
5.	Dividends to policyholders.....					
6.	Reserve adjustments on reinsurance ceded.....					
7.	Increase in aggregate reserves for life and accident and health contracts.....					
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	522	584	661	766	893
9.	Aggregate reserves for life and accident and health contracts.....	11,314	11,551	12,181	12,103	12,608
10.	Liability for deposit-type contracts.....	(9)	(9)		(9)	(18)
11.	Contract claims unpaid.....	221	587	424	311	395
12.	Amounts recoverable on reinsurance.....	224	223	259	403	399
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with certified reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....					
23.	Funds deposited by and withheld from (F).....					
24.	Letters of credit (L).....					
25.	Trust agreements (T).....					
26.	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	12,752,442		12,752,442
2. Reinsurance (Line 16).....	264,221		264,221
3. Premiums and considerations (Line 15).....	(316,392)	521,606	205,214
4. Net credit for ceded reinsurance.....	XXX	11,004,126	11,004,126
5. All other admitted assets (balance).....	701,797		701,797
6. Total assets excluding Separate Accounts (Line 26).....	13,402,068	11,525,732	24,927,800
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	13,402,068	11,525,732	24,927,800
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	453,066	11,304,448	11,757,514
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	234,852	221,284	456,136
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	29,366		29,366
14. Other contract liabilities (Line 9).....	21,368		21,368
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	210,925		210,925
20. Total liabilities excluding Separate Accounts (Line 26).....	949,577	11,525,732	12,475,309
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	949,577	11,525,732	12,475,309
23. Capital & surplus (Line 38).....	12,452,491	XXX	12,452,491
24. Total liabilities, capital & surplus (Line 39).....	13,402,068	11,525,732	24,927,800
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	11,304,448		
26. Claim reserves.....	221,284		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	11,525,732		
34. Premiums and considerations.....	521,606		
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.....	521,606		
41. Total net credit for ceded reinsurance.....	11,004,126		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				6
			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	Totals
1.	Alabama.....	AL	18,895	2,400			21,295
2.	Alaska.....	AK	752	-			752
3.	Arizona.....	AZ	6,542	-			6,542
4.	Arkansas.....	AR	5,010	-			5,010
5.	California.....	CA	12	-			12
6.	Colorado.....	CO	2,331	-			2,331
7.	Connecticut.....	CT	-	-			0
8.	Delaware.....	DE	413	-			413
9.	District of Columbia.....	DC	237	-			237
10.	Florida.....	FL	4,531	-			4,531
11.	Georgia.....	GA	61	-			61
12.	Hawaii.....	HI	-	-			0
13.	Idaho.....	ID	265	-			265
14.	Illinois.....	IL	25,071	-			25,071
15.	Indiana.....	IN	46,583	7,500			54,083
16.	Iowa.....	IA	3,164	-			3,164
17.	Kansas.....	KS	30,558	1,200			31,758
18.	Kentucky.....	KY	2,084	-			2,084
19.	Louisiana.....	LA	301	-			301
20.	Maine.....	ME	-	-			0
21.	Maryland.....	MD	1,633	-			1,633
22.	Massachusetts.....	MA	-	-			0
23.	Michigan.....	MI	8,562	4,777			13,339
24.	Minnesota.....	MN	-	-			0
25.	Mississippi.....	MS	815	-			815
26.	Missouri.....	MO	27,443	-			27,443
27.	Montana.....	MT	-	-			0
28.	Nebraska.....	NE	-	-			0
29.	Nevada.....	NV	1,178	-			1,178
30.	New Hampshire.....	NH	-	-			0
31.	New Jersey.....	NJ	-	-			0
32.	New Mexico.....	NM	-	-			0
33.	New York.....	NY	-	-			0
34.	North Carolina.....	NC	101,905	-			101,905
35.	North Dakota.....	ND	726	-			726
36.	Ohio.....	OH	103,451	109,645			213,096
37.	Oklahoma.....	OK	5,701	-			5,701
38.	Oregon.....	OR	-	-			0
39.	Pennsylvania.....	PA	7,457	6,700			14,157
40.	Rhode Island.....	RI	-	-			0
41.	South Carolina.....	SC	16,617	-			16,617
42.	South Dakota.....	SD	632	-			632
43.	Tennessee.....	TN	13,977	-			13,977
44.	Texas.....	TX	32,784	-			32,784
45.	Utah.....	UT	2,601	-			2,601
46.	Vermont.....	VT	-	-			0
47.	Virginia.....	VA	74,912	-			74,912
48.	Washington.....	WA	-	-			0
49.	West Virginia.....	WV	9,952	600			10,552
50.	Wisconsin.....	WI					0
51.	Wyoming.....	WY					0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		557,156	132,822	0	0	689,978

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.2

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.3

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	CGGL 18301 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	71.400	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000.....	.....	.....	.....	3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	47-4235739.....	.....	.....	.....	CI Perris 151, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	75.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	47-4375626.....	.....	.....	.....	Lakehills CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	30-0939067.....	.....	.....	.....	Affiliated Hotel Subsidiary.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
'0901	Cigna Group.....	.....	81-2481274.....	.....	.....	.....	CGGL 6280 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
'0901	Cigna Group.....	.....	81-2650133.....	.....	.....	.....	Berewick Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-3389374.....	.....	.....	.....	CIG-LEI Ygnacio Associates LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	61-1797835.....	.....	.....	.....	CGGL Orange Collection LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-3281922.....	.....	.....	.....	CGGL Chapman LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-3313562.....	.....	.....	.....	CGGL City Parkway LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-4139432.....	.....	.....	.....	Heights at Bear Creek Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-1732483.....	.....	.....	.....	SOMA Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-3315524.....	.....	.....	.....	Arbor Heights Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-0268530.....	1591167	701221	.....	CORAC, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company.	Ownership.....	50.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3582688.....	1591167	701221	.....	Henry on the Park Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67369.....	59-1031071.....	1591167	701221	.....	Cigna Health and Life Insurance Company.....	CT.....	UDP.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-2681649.....	1591167	701221	.....	CarePlexus, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3396038.....	1591167	701221	.....	Cigna Corporate Services, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1903785.....	1591167	701221	.....	Cigna Insurance Agency, LLC.....	CT.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	34-1970892.....	.....	.....	.....	Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	Y.....	.....
0901	Cigna Group.....	61727.....	34-0970995.....	.....	.....	.....	Central Reserve Life Insurance Company.....	OH.....	RE.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67903.....	23-1335885.....	.....	.....	.....	Provident American Life & Health Insurance Company	OH.....	DS.....	Central Reserve Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65269.....	75-2305400.....	.....	.....	.....	United Benefit Life Insurance Company.....	OH.....	IA.....	Provident American Life and Health Insurance Company	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65722.....	63-0343428.....	.....	.....	.....	Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	88366.....	59-2760189.....	.....	.....	.....	American Retirement Life Insurance Company..	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-3744987.....	.....	.....	.....	QualCare Alliance Networks, Inc.....	NJ.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	Y.....	.....
0901	Cigna Group.....	.....	22-3129563.....	.....	.....	.....	QualCare, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		22-2483867..				Scibal Associates, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		46-1634843..				QualCare Captive Insurance Company Inc., PCC	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		46-1801639..				QualCare Management Resources Limited Liability Company	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		46-2086778..				Health-Lynx, LLC.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....	77399..	13-1867829..				Sterling Life Insurance Company.....	IL.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		91-1500758..				Olympic Health Management Systems, Inc.....	WA.....	NIA.....	Sterling Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		91-1599329..				Olympic Health Management Services, Inc.....	WA.....	NIA.....	Olympic Health Management Systems, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		88-0455414..				WorldDoc, Inc.....	NV.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...20.000	Cigna Corporation.....	...N.....	
901..	Cigna Group.....		45-2355015..				Omada Health, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...7.693	Cigna Corporation	...N.....	
0901	Cigna Group.....		23-1728483..	...1591167	...701221		Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		20-8064696..	...1591167	...701221		Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....	65498..	23-1503749..	...1591167	...701221		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000..	...1591167	...701221		Cigna & CMB Life Insurance Company Limited	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...50.000	Cigna Corporation.....	...Y.....	
0901	Cigna Group.....		00-0000000..				Cigna & CMB Health Services Company, Ltd....	CHN.....	NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		58-1136865..	...1591167	...701221		Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	...Y.....	
0901	Cigna Group.....		46-0427127..	...1591167	...701221		Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000..	...1591167	...701221		Cigna Global Wellbeing Holdings Limited	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...70.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000..	...1591167	...701221		Cigna Global Wellbeing Solutions Limited	GBR.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		98-0463704..	...1591167	...701221		Vielife Services, Inc.	DE.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1332403..	...1591167	...701221		CG Individual Tax Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1332405..	...1591167	...701221		CG Life Pension Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1332401..				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		62-1724116..	...1591167	...701221		Cigna Federal Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		23-2741293..	...1591167	...701221		Cigna Healthcare Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		23-2924152..	...1591167	...701221		Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		23-2741294..	...1591167	...701221		Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1071502..	...1591167	...701221		Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1522976..	...1591167	...701221		Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1567902..	...1591167	...701221		Cigna Resource Manager, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1252419..	...1591167	...701221		Connecticut General Benefit Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1533555..	...1591167	...701221		Healthsource Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		35-2041388..	...1591167	...701221		IHN, Inc.....	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		06-1252418..	1591167	701221		LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		88-0334401..	1591167	701221		Mediversal, Inc.	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		88-0344624..	1591167	701221		Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-2760646..	1591167	701221		CareAllies, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-1713977..	1591167	701221		Brighter, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		80-0818758..	1591167	701221		Patient Provider Alliance, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		51-0389196..	1591167	701221		Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		51-0111677..	1591167	701221		Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		23-2610178..	1591167	701221		Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		30-3087621..	1591167	701221		Cigna International Marketing (Thailand) Limited	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	99.900	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	99.780	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	56.020	Cigna Corporation.....	N.....	
0901	Cigna Group.....		AA-3190987..	1591167	701221		Cigna Global Reinsurance Company, Ltd.	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		23-3009279..	1591167	701221		Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		46-4110289..	1591167	701221		Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	80.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1146864..	1591167	701221		Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Laurel Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Apac Holdings Limited	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings Limited	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1137759..	1591167	701221		Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Finans Emeklilik Ve Hayat A.S.	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	51.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna International Services Australia Pty Ltd...	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Hong Kong Holdings Company Limited...	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Data Services (Shanghai) Company Limited	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna HLA Technology Services Limited	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Worldwide General Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Worldwide Life Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna International Health Services Sdn. Bhd...	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..	1591167	701221		Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna International Health Services Sdn. Bhd.	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.7

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		119-599-164.....				Grown Ups New Zealand Limited.....	NZL.....	NIA.....	Cigna Life Insurance New Zealand Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		AA-1560515.....	...1591167	701221		Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	KOR.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....				LINA Financial Service.....	KOR.....	NIA.....	Cigna Korea Chusik Heosa	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...49.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Brokerage & Marketing (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		KDM (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...99.900	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Taiwan Life Assurance Company Limited	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		98-1154657.....				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...50.540	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		98-1155943.....				Cigna Elmwood Holdings, SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		98-1181787.....				Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...51.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		AA-1240009.....	...1591167	701221		Cigna Life Insurance Company of Europe S.A.-N.V.	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.993	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.999	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Oak Holdings, Ltd.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Willow Holdings, Ltd.....	GBR.....	NIA.....	Cigna Oak Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		FirstAssist Administration Limited	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Legal Protection U.K. Ltd.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Insurance Services (Europe) Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...51.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna International Health Services, LLC	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....				Cigna International Health Services Kenya Limited	KEN.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Sequoia Holdings SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
901..	Cigna Group.....						Cigna Cedar Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
901..	Cigna Group.....		00-0000000.....				Cigna Insurance Middle East S.A.L.....	LBN.....	IA.....	Cigna Cedar Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Insurance Management Services (DIFC), Ltd.	ARE.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000.....	...1591167	701221		Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	TUR.....	NIA.....	Cigna Magnolia Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-4099800..	.....	.....	.....	Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.160	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	99.990	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	1591167	701221	.....	Cigna Global Insurance Company Limited.....	GBR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	CignaTTK Health Insurance Company Limited..	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	49.000	TTK (non-affiliate).....	N.....	.....
0901	Cigna Group.....	90859..	23-2088429..	1591167	701221	.....	Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	AA-5360003.	1591167	701221	.....	PT. Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

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

53.1

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	35-2562415.....	Alegis Care Services, LLC.....									0	
13733.....	03-0452349.....	Cigna Arbor Life Insurance Company.....					(7,926)				(7,926)	
	41-1648670.....	Cigna Behavioral Health, Inc.....	(64,000,000)				(206,261,980)				(270,261,980)	
	94-3107309.....	Cigna Behavioral Health of California, Inc.....					(24,771)				(24,771)	
	75-2751090.....	Cigna Behavioral Health of Texas, Inc.....					(123,855)				(123,855)	
	06-1346406.....	MCC Independent Practice Association of New York, Inc.									0	
	59-2308055.....	Cigna Dental Health, Inc.....	3,800,000				29,325,680				33,125,680	
	59-2600475.....	Cigna Dental Health Of California, Inc.....	(12,000,000)	16,000,000		(147,500)	(350,736)				3,501,764	
11175.....	59-2675861.....	Cigna Dental Health Of Colorado, Inc.....	(2,400,000)	1,000,000			(963,427)				(2,363,427)	
95380.....	59-2676987.....	Cigna Dental Health Of Delaware, Inc.....					(12,131)				(12,131)	
52021.....	59-1611217.....	Cigna Dental Health Of Florida, Inc.....	(9,200,000)				(3,792,249)				(12,992,249)	
	06-1351097.....	Cigna Dental Health of Illinois, Inc.....		17,000,000							17,000,000	
52024.....	59-2625350.....	Cigna Dental Health Of Kansas, Inc.....	(300,000)				(164,485)				(464,485)	
52108.....	59-2619589.....	Cigna Dental Health Of Kentucky, Inc.....	(3,900,000)				(1,118,604)				(5,018,604)	
11160.....	06-1582068.....	Cigna Dental Health Of Missouri, Inc.....	(650,000)				(503,619)				(1,153,619)	
11167.....	59-2308062.....	Cigna Dental Health Of New Jersey, Inc.....	(1,500,000)				(1,504,022)				(3,004,022)	
95179.....	56-1803464.....	Cigna Dental Health Of North Carolina, Inc.....					(550,233)				(550,233)	
47805.....	59-2579774.....	Cigna Dental Health Of Ohio, Inc.....	(2,000,000)				(888,735)				(2,888,735)	
47041.....	52-1220578.....	Cigna Dental Health Of Pennsylvania, Inc.....	(1,650,000)				(603,602)				(2,253,602)	
95037.....	59-2676977.....	Cigna Dental Health Of Texas, Inc.....	(10,000,000)				(4,265,988)				(14,265,988)	
52617.....	52-2188914.....	Cigna Dental Health Of Virginia, Inc.....	(1,100,000)				(641,080)				(1,741,080)	
47013.....	86-0807222.....	Cigna Dental Health Plan Of Arizona, Inc.....	(5,000,000)				(88,292)				(5,088,292)	
48119.....	59-2740468.....	Cigna Dental Health Of Maryland, Inc.....	(4,100,000)				(1,178,487)				(5,278,487)	
	62-1312478.....	Cigna Health Corporation.....	(43,000,000)				5,583,180				(37,416,820)	
	02-0387748.....	Healthsource, Inc.....	40,000,000	(12,000,000)							28,000,000	
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....					(3,991,872)	(256,911)			(4,248,783)	436,856
	95-3310115.....	Cigna HealthCare of California, Inc.....					(5,620,975)				(5,620,975)	6,902,479
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....					(116,640)	(85,266)			(201,906)	60,660
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....	(37,000,000)				(768,991)	(3,707)			(37,772,698)	2,569
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....	(1,000,000)				(41,933)	(26,286)			(1,068,219)	18,220
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....		12,000,000		(23,000)	(2,788,715)	(1,608,947)			7,579,338	1,480,301
95477.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....									0	
95220.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....									0	
95599.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....									0	
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.....					(8,291)				(8,291)	
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....	(2,000,000)				(26,007)	758,668			(1,267,339)	12,050
95121.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....									0	
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....					(1,942,501)	233,334			(1,709,167)	53,831
95518.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....									0	
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....					(40,826,202)	(38,333)			(40,864,535)	26,570
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....					(1,291,924)	681,806			(610,118)	679,392
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....					(19,084)	(11,397)			(30,481)	7,900

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.3	00-0000000.....	ND/CR Unicorn LLC.....									0	
	00-0000000.....	Union Wharf Apartments LLC.....									0	
	00-0000000.....	AMD Apartments Limited Partership.....									0	
	00-0000000.....	PUR Arbors Apartments Venture LLC.....									0	
	00-0000000.....	CG Seventh Street LLC.....									0	
	00-0000000.....	Ideal Properties II LLC.....									0	
	80-0668090.....	Alessandro Partners, LLC.....									0	
	80-0908244.....	Mallory Square Partners I, LLC.....									0	
	00-0000000.....	Houston Briar Forest Apartments Limited Partnership.....									0	
	00-0000000.....	Newtown Partners II, LP.....									0	
	00-0000000.....	Newtown Square GP LLC.....									0	
	00-0000000.....	AFA Apartments Limited Partnership.....									0	
	00-0000000.....	SB-SNH LLC.....									0	
	00-0000000.....	680 Investors LLC.....									0	
	00-0000000.....	685 New Hampshire LLC.....									0	
	00-0000000.....	CGGL 18301 LLC.....									0	
	00-0000000.....	222 Main Street CARING GP LLC.....									0	
	00-0000000.....	222 Main Street Investors LP.....									0	
	00-0000000.....	Notch 8 Residential, L.L.C.....									0	
	00-0000000.....	UVL, LLC.....									0	
	00-0000000.....	3601 North Fairfax Drive Associates, LLC.....									0	
	47-4235739.....	CI Perris 151, LLC.....									0	
	47-4375626.....	Lakehills CM-CG LLC.....									0	
	30-0939067.....	Affiliated Hotel Subsidiary.....									0	
	81-2481274.....	CGGL 6280 LLC.....									0	
	81-2650133.....	Berewick Apartments LLC.....									0	
	81-3389374.....	CIG-LEI Ygnacio Associates LLC.....									0	
	61-1797835.....	CGGL Orange Collection LLC.....									0	
	81-3281922.....	CGGL Chapman LLC.....									0	
	81-3313562.....	CGGL City Parkway LLC.....									0	
	81-4139432.....	Heights at Bear Creek Venture LLC.....									0	
	82-1732483.....	SOMA Apartments Venture LLC.....									0	
	82-3315524.....	Arbor Heights Venture LLC.....									0	
	27-0268530.....	CORAC, LLC.....		(85,008)							(85,008)	
	27-3582688.....	Henry on the Park Associates, LLC.....									0	
67369.....	59-1031071.....	Cigna Health and Life Insurance Company.....	(876,500,000)	51,860,186			35,649,028	96,961,205			(692,029,581)	92,114,257
	45-2681649.....	CarePlexus, LLC.....									0	
	27-3396038.....	Cigna Corporate Services, LLC.....									0	
	27-1903785.....	Cigna Insurance Agency, LLC.....									0	
	34-1970892.....	Ceres Sales of Ohio, LLC.....									0	
61727.....	34-0970995.....	Central Reserve Life Insurance Company.....	(6,000,000)				(288,197)				(6,288,197)	
67903.....	23-1335885.....	Provident American Life & Health Insurance Company.....	(12,500,000)				(493,732)				(12,993,732)	

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

53.4

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.6	00-0000000.....	Cigna European Services (UK) Limited.....									0	
	00-0000000.....	CIGNA 2000 UK Pension LTD.....									0	
	00-0000000.....	Cigna Oak Holdings, Ltd.....									0	
	00-0000000.....	Cigna Willow Holdings, Ltd.....									0	
	00-0000000.....	FirstAssist Administration Limited									0	
	00-0000000.....	Cigna Legal Protection U.K. Ltd.....									0	
	00-0000000.....	Cigna Insurance Services (Europe) Limited.....									0	
	00-0000000.....	Cigna International Health Services, BVBA.....									0	
	00-0000000.....	Cigna International Health Services, LLC									0	
	00-0000000.....	Cigna International Health Services Kenya Limited.....									0	
	00-0000000.....	Cigna Sequoia Holdings SPRL.....									0	
	00-0000000.....	Cigna Cedar Holdings, Ltd.....									0	
	00-0000000.....	Cigna Insurance Middle East S.A.L.....									0	
	00-0000000.....	Cigna Insurance Management Services (DIFC), Ltd.....									0	
	00-0000000.....	Cigna Magnolia Holdings, Ltd.....									0	
	00-0000000.....	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna T.....									0	
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....									0	
	00-0000000.....	Cigna Nederland Beta B.V.....									0	
	00-0000000.....	Cigna Health Solution India Pvt. Ltd.....									0	
	46-4099800.....	Cigna Poplar Holdings, Inc.....									0	
	00-0000000.....	PT GAR Indonesia.....									0	
	00-0000000.....	PT PGU Indonesia.....									0	
	00-0000000.....	Cigna Global Insurance Company Limited.....					(4,156,463)	(21,270)			(4,177,733)	
	00-0000000.....	CignaTTK Health Insurance Company Limited.....									0	
90859.....	23-2088429.....	Cigna Worldwide Insurance Company.....					(79,781)	546,248			466,467	3,262,187
	AA-5360003.....	PT. Asuransi Cigna.....									0	
	00-0000000.....	Cigna Teak Holdings, LLC.....									0	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

CENTRAL RESERVE LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Responses YES
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
41. 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
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
45. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
47. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
48. 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
49. 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
50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
51. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
53. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

CENTRAL RESERVE LIFE INSURANCE COMPANY

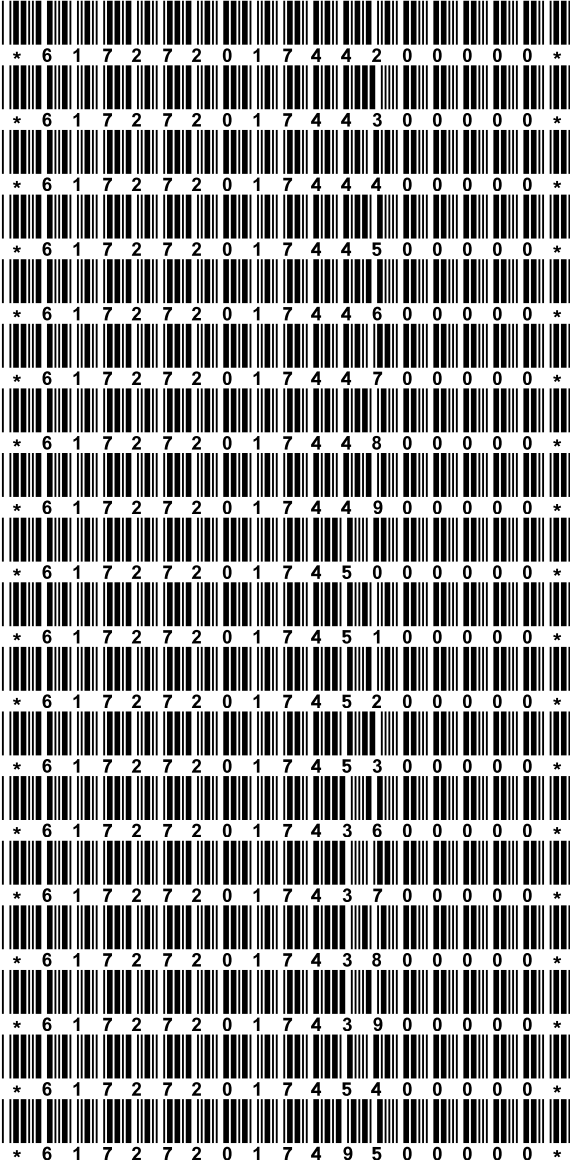
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

BAR CODE:

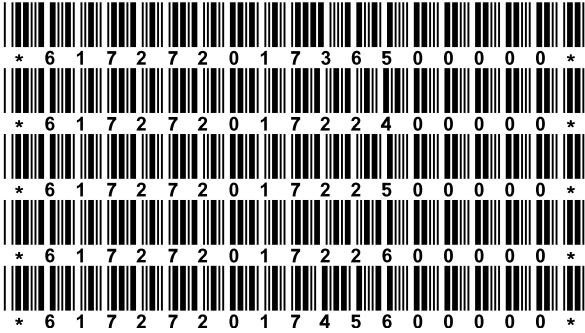
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12. The data for this supplement is not required to be filed.
13.
14. The data for this supplement is not required to be filed.
15.
16.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
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.



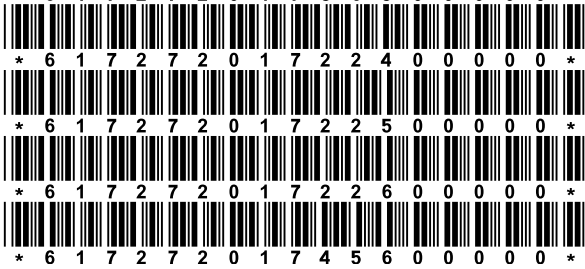
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

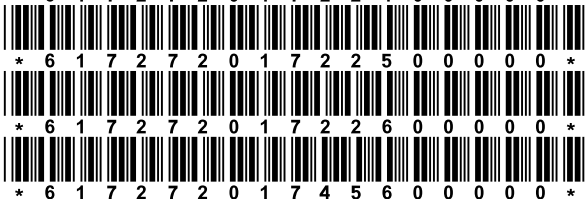
36. The data for this supplement is not required to be filed.



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



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



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



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



41.

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



43.

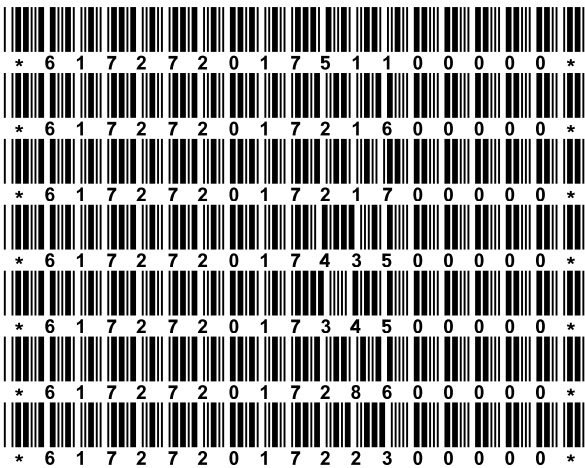
44. The data for this supplement is not required to be filed.



45.

46.

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



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



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



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



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



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



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



**Overflow Page
NONE**

**Overflow Page
NONE**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MG.....	G.....	NO.....	34000.....	.03/16/2004	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,871	(17)	(0.3)	1	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	34000.....	.02/09/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,624	1,353	17.7	2	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										12,495	1,336	10.7	3	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3IF(AR).....	F.....	NO.....	34000.....	.01/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,710	7,297	43.7	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									16,710	7,297	43.7	4	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	31F(AZ).....	F.....	NO.....	34000.....	.12/05/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,989	195	3.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,989	195	3.3	1	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MK(CO).....	F.....	NO.....	34060.....	.03/08/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,157	(16)	(1.4)	1	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										1,157	(16)	(1.4)	1	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policy 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.....Georgia



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3IF(GA).....	F.....	NO.....	...34000.....	.12/31/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,041	359	11.8	1	.....	.....	.....0.0	.....
.....YES.....	3IG(GA).....	G.....	NO.....	...34000.....	.12/31/2003	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,645	407	7.2	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									8,686	766	8.8	3	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF(IA).....	F.....	NO.....	...34000.....	.01/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	37,615	29,387	78.1	8	.....	.....	.....0.0	.....
.....YES.....	3MG(IA).....	G.....	NO.....	...34000.....	.01/27/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	19,090	5,480	28.7	6	.....	.....	.....0.0	.....
.....YES.....	3MJ(IA).....	J.....	NO.....	...34000.....	.02/16/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	18,267	26,326	144.1	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									74,972	61,193	81.6	19	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MD(IL).....	D.....	NO.....	...34060.....	.11/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,519	5,417	56.9	2	.....	.....	.....0.0	.....
.....YES.....	3ME(IL).....	E.....	NO.....	...34060.....	.11/04/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,111	19,766	243.7	2	.....	.....	.....0.0	.....
.....YES.....	3MK(IL).....	F.....	NO.....	...34060.....	.11/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	1,027	(15)	(1.5)	1	.....	.....	.....0.0	.....
.....YES.....	3MF(IL).....	F.....	NO.....	...34060.....	.11/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	213,642	173,336	81.1	37	.....	.....	.....0.0	.....
.....YES.....	3MG(IL).....	G.....	NO.....	...34060.....	.11/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,746	1,154	20.1	1	.....	.....	.....0.0	.....
.....YES.....	3MH(IL).....	H.....	NO.....	...34060.....	.09/21/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	10,452	5,194	49.7	3	.....	.....	.....0.0	.....
.....YES.....	3MI(IL).....	I.....	NO.....	...34060.....	.08/11/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	12,046	2,259	18.8	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(IL).....	J.....	NO.....	...34060.....	.09/21/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	24,698	41,203	166.8	7	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									285,241	248,314	87.1	56	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MD.....	D.....	NO.....	...34000.....	.12/22/2003	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,530	39	0.9	1	.....	.....	.....0.0	.....
.....YES.....	3ME.....	E.....	NO.....	...34000.....	.11/01/2005	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	20,560	5,595	27.2	5	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO.....	...34000.....	.12/22/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	3,310	62	1.9	4	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO.....	...34000.....	.12/22/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	52,514	45,174	86.0	10	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.12/22/2003	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	49,280	51,435	104.4	11	.....	.....	.....0.0	.....
.....YES.....	3MH(IN).....	H.....	NO.....	...34000.....	.04/11/2007	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	23,890	45,816	191.8	7	.....	.....	.....0.0	.....
.....YES.....	3MI(IN).....	I.....	NO.....	...34000.....	.12/05/2006	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	11,276	1,260	11.2	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(IN).....	J.....	NO.....	...34000.....	.04/11/2007	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	51,177	11,555	22.6	12	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									216,537	160,936	74.3	53	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MK(KS).....	F.....	NO.....	34060.....	02/04/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,110.....	2,122.....	100.6.....	2.....	.....	.....	.....0.0.....	.....
.....YES.....	3MF(KS).....	F.....	NO.....	34060.....	02/04/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	91,677.....	77,693.....	84.7.....	20.....	.....	.....	.....0.0.....	.....
.....YES.....	3MG(KS).....	G.....	NO.....	34060.....	02/04/2004.....	07/25/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	25,031.....	24,000.....	95.9.....	5.....	.....	.....	.....0.0.....	.....
.....YES.....	3MH(KS).....	H.....	NO.....	34060.....	03/06/2007.....	07/25/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	20,308.....	18,203.....	89.6.....	6.....	.....	.....	.....0.0.....	.....
.....YES.....	3MI(KS).....	I.....	NO.....	34060.....	05/26/2006.....	07/25/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	10,363.....	13,855.....	133.7.....	3.....	.....	.....	.....0.0.....	.....
.....YES.....	3MJ(KS).....	J.....	NO.....	34060.....	03/06/2007.....	07/25/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	111,226.....	97,464.....	87.6.....	26.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									260,715.....	233,337.....	89.5.....	62.....	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3ME(KY).....	E.....	NO.....	...34060.....	.11/16/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	15,698	15,999	101.9	4	.....	.....	.....0.0	.....
.....YES.....	3MF(KY).....	F.....	NO.....	...34060.....	.10/30/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	21,382	7,418	34.7	3	.....	.....	.....0.0	.....
.....YES.....	3MG(KY).....	G.....	NO.....	...34060.....	.10/30/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	3,942	1,599	40.6	.....	.....	.....	.....0.0	.....
.....YES.....	3MI(KY).....	I.....	NO.....	...34060.....	.06/02/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	4,389	7,155	163.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									45,411	32,171	70.8	8	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF(LA)R.....	F.....	NO.....	34060.....	.10/14/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	10,597	19,472	183.8	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									10,597	19,472	183.8	2	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....Michigan



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	357.....	C.....	NO.....	34000.....	.07/01/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,066	899	43.5	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									2,066	899	43.5	2	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3ID.....	D.....	NO.....	...34060.....	.04/16/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,427	93	2.7	1	.....	.....	.....0.0	.....
.....YES.....	3IF.....	F.....	NO.....	...34060.....	.04/16/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	28,465	12,201	42.9	6	.....	.....	.....0.0	.....
.....YES.....	3IG.....	G.....	NO.....	...34060.....	.04/16/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	38,574	46,792	121.3	10	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									70,466	59,086	83.9	17	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF(MS).....	F.....	NO.....	34060.....	.12/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,833	589	12.2	1	.....	.....	.....0.0	.....
.....YES.....	3MG(MS).....	G.....	NO.....	34060.....	.12/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	1,607	(1,015)	(63.2)	.....	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										6,440	(426)	(6.6)	1	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF(MT).....	F.....	NO.....	34000.....	.10/21/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	93,456	51,179	54.8	22	.....	.....	.....0.0	.....
.....YES.....	3MK(MT).....	F.....	NO.....	34000.....	.10/21/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,377	(19)	(1.4)	2	.....	.....	.....0.0	.....
.....YES.....	3MG(MT).....	G.....	NO.....	34000.....	.10/21/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	26,733	14,720	55.1	7	.....	.....	.....0.0	.....
.....YES.....	3MJ(MT).....	J.....	NO.....	34000.....	.03/30/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	15,652	10,655	68.1	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									137,218	76,535	55.8	34	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MC(NC).....	C.....	NO.....	...34060.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,529	3,791	68.6	1	.....	.....	.....0.0	.....
.....YES.....	3MD(NC).....	D.....	NO.....	...34000.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,549	913	25.7	1	.....	.....	.....0.0	.....
.....YES.....	3ME(NC).....	E.....	NO.....	...34000.....	.12/16/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	637	(71)	(11.1)	.....	.....	.....	.....0.0	.....
.....YES.....	3MF(NC).....	F.....	NO.....	...34000.....	.06/08/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	171,840	74,699	43.5	39	.....	.....	.....0.0	.....
.....YES.....	3MG(NC).....	G.....	NO.....	...34000.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	93,911	30,234	32.2	24	.....	.....	.....0.0	.....
.....YES.....	3MH(NC).....	H.....	NO.....	...34000.....	.02/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	40,586	36,116	89.0	11	.....	.....	.....0.0	.....
.....YES.....	3MI(NC).....	I.....	NO.....	...34000.....	.04/27/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,045	520	12.9	1	.....	.....	.....0.0	.....
.....YES.....	3MJ(NC).....	J.....	NO.....	...34060.....	.02/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	177,220	85,069	48.0	40	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									497,317	231,271	46.5	117	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF(ND).....	F.....	NO.....	34000.....	.11/25/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	66,699	36,867	55.3	17	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									66,699	36,867	55.3	17	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF.....	F.....	NO.....	34000.....	.11/17/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	238,520	165,531	69.4	52	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	34000.....	.11/17/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	43,553	31,276	71.8	9	.....	.....	.....0.0	.....
.....YES.....	3MI.....	I.....	NO.....	34000.....	.06/19/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	820	1,730	211.0	.....	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	34000.....	.03/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	78,519	98,461	125.4	18	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									361,412	296,998	82.2	79	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3ME(OH).....	E.....	NO.....	...34000.....	.08/08/2005	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	7,578	812	10.7	2	.....	.....	.....0.0	.....
.....YES.....	3MF(OH).....	F.....	NO.....	...34000.....	.12/12/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	34,573	20,812	60.2	6	.....	.....	.....0.0	.....
.....YES.....	3MK(OH).....	F.....	NO.....	...34000.....	.12/12/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,117	11	1.0	1	.....	.....	.....0.0	.....
.....YES.....	3MG(OH).....	G.....	NO.....	...34000.....	.12/12/2003	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	37,339	36,343	97.3	8	.....	.....	.....0.0	.....
.....YES.....	3MH(OH).....	H.....	NO.....	...34000.....	.02/01/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	9,521	874	9.2	3	.....	.....	.....0.0	.....
.....YES.....	3MI(OH).....	I.....	NO.....	...34000.....	.05/01/2006	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	12,543	6,523	52.0	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(OH).....	J.....	NO.....	...34000.....	.02/01/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	18,194	14,566	80.1	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									120,865	79,941	66.1	27	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....Oklahoma



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3ME(OK).....	E.....	NO.....	...34000.....	.11/14/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	6,051	2,031	33.6	2	.....	.....	.....0.0	.....
.....YES.....	3MF(OK).....	F.....	NO.....	...34000.....	.03/01/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	3,944	14,241	361.1	1	.....	.....	.....0.0	.....
.....YES.....	3MG(OK).....	G.....	NO.....	...34000.....	.03/01/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	7,273	1,762	24.2	2	.....	.....	.....0.0	.....
.....YES.....	3MJ(OK).....	J.....	NO.....	...34000.....	.02/05/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	12,979	25,908	199.6	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									30,247	43,942	145.3	9	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF(OR).....	F.....	NO.....	34060.....	.06/15/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,141	6,023	74.0	2	.....	.....	.....0.0	.....
.....YES.....	3MI(OR).....	L.....	NO.....	34060.....	.09/07/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	-	34	0.0	.....	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										8,141	6,057	74.4	2	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MC(PA).....	C.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	4,871	156	3.2	1	.....	.....	.....0.0	.....
.....YES.....	3MD(PA).....	D.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	37,515	24,435	65.1	9	.....	.....	.....0.0	.....
.....YES.....	3MF(PA).....	F.....	NO.....	...34060.....	.05/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	41,920	15,429	36.8	8	.....	.....	.....0.0	.....
.....YES.....	3MG(PA).....	G.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	130,591	84,773	64.9	28	.....	.....	.....0.0	.....
.....YES.....	3MI(PA).....	I.....	NO.....	...34060.....	.08/23/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	13,673	6,985	51.1	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									228,570	131,778	57.7	49	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824



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.....	3MD.....	D.....	NO.....	...34000.....	.10/09/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,941	10,053	255.1	1	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO.....	...34000.....	.10/09/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,409	10,864	66.2	3	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.10/09/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,535	6,772	79.3	2	.....	.....	.....0.0	.....
.....YES.....	3MH.....	H.....	NO.....	...34000.....	.02/23/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,299	3,099	72.1	1	.....	.....	.....0.0	.....
.....YES.....	3MI.....	I.....	NO.....	...34000.....	.05/18/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	42,999	24,790	57.7	14	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34000.....	.02/23/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	114,539	76,115	66.5	30	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									190,722	131,693	69.0	51	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....South Dakota



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF.....	F.....	NO.....	...34060.....	.11/19/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,115	8,290	68.4	3	.....	.....	.....0.0	.....
.....YES.....	3MG(SD).....	G.....	NO.....	...34060.....	.11/19/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,668	(329)	(12.3)	.....	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34060.....	.01/17/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,811	3,521	92.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									18,594	11,482	61.8	4	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....Tennessee



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3ME(TN).....	E.....	NO.....	...34000.....	.08/30/2005	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,054	342	5.6	2	.....	.....	.....0.0	.....
.....YES.....	3MK(TN).....	F.....	NO.....	...34000.....	.12/02/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	883	(13)	(1.5)	1	.....	.....	.....0.0	.....
.....YES.....	3MF(TN).....	F.....	NO.....	...34000.....	.12/02/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	30,737	15,371	50.0	7	.....	.....	.....0.0	.....
.....YES.....	3MG(TN).....	G.....	NO.....	...34000.....	.12/02/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	62,543	38,667	61.8	17	.....	.....	.....0.0	.....
.....YES.....	3MI(TN).....	I.....	NO.....	...34000.....	.07/14/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,724	810	12.0	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									106,941	55,177	51.6	29	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MC(TX).....	C.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT	4,260	224	5.3	1	.....	.....	.....0.0	.....
.....YES.....	3MD(TX).....	D.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT	16,409	10,310	62.8	4	.....	.....	.....0.0	.....
.....YES.....	3ME(TX).....	E.....	NO.....	...34000.....	.12/30/2005	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT	32,702	14,769	45.2	10	.....	.....	.....0.0	.....
.....YES.....	3MK(TX).....	F.....	NO.....	...34000.....	.12/11/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,077	(27)	(1.3)	2	.....	.....	.....0.0	.....
.....YES.....	3MF(TX).....	F.....	NO.....	...34000.....	.12/11/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	230,997	76,787	33.2	39	.....	.....	.....0.0	.....
.....YES.....	3MG(TX).....	G.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT	88,170	38,239	43.4	18	.....	.....	.....0.0	.....
.....YES.....	3MH(TX).....	H.....	NO.....	...34000.....	.02/21/2007	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT	5,793	4,390	75.8	2	.....	.....	.....0.0	.....
.....YES.....	3MI(TX).....	I.....	NO.....	...34000.....	.06/15/2006	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT	8,516	4,788	56.2	2	.....	.....	.....0.0	.....
.....YES.....	3MJ(TX).....	J.....	NO.....	...34000.....	.02/21/2007	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT	64,129	46,122	71.9	17	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									453,053	195,602	43.2	95	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MC(VA).....	C.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,679	1,069	22.8	1	.....	.....	.....0.0	.....
.....YES.....	3MD(VA).....	D.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	17,279	20,725	119.9	5	.....	.....	.....0.0	.....
.....YES.....	3MK(VA).....	F.....	NO.....	...34000.....	.08/05/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	1,445	11	0.8	2	.....	.....	.....0.0	.....
.....YES.....	3MF(VA).....	F.....	NO.....	...34000.....	.08/05/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	368,998	242,779	65.8	91	.....	.....	.....0.0	.....
.....YES.....	3MG(VA).....	G.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	136,665	71,325	52.2	37	.....	.....	.....0.0	.....
.....YES.....	3MH(VA).....	H.....	NO.....	...34000.....	.06/06/2007	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	91,629	67,440	73.6	31	.....	.....	.....0.0	.....
.....YES.....	3MI(VA).....	I.....	NO.....	...34000.....	.11/07/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	121,470	88,974	73.2	39	.....	.....	.....0.0	.....
.....YES.....	3MJ(VA).....	J.....	NO.....	...34000.....	.06/06/2007	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	591,330	404,656	68.4	164	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,333,495	896,979	67.3	370	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3ME.....	E.....	NO.....	...34000.....	.12/01/2005	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,812	613	16.1	1	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO.....	...34000.....	.11/24/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,114	5,471	491.1	1	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.11/24/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	1,347	3,394	252.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									6,273	9,478	151.1	2	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF.....Wyoming



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

NAIC Company Code.....61727

Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

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.....	3MF(WY).....	F.....	NO.....	...34000.....	.12/05/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	43,406	29,567	68.1	9	.....	.....	.....0.0	.....
.....YES.....	3MG(WY).....	G.....	NO.....	...34000.....	.12/05/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,861	517	10.6	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									48,267	30,084	62.3	10	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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717 Asutin TX 78717

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

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

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



SCHEDULE O SUPPLEMENT
For the year ended December 31, 2017
(To Be Filed March)

Of The.....CENTRAL RESERVE LIFE INSURANCE COMPANY

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

NAIC Group Code.....0901

NAIC Company Code.....61727

Employer's ID Number.....34-0970995

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2013	2 2014	3 2015	4 2016	5 2017 (a)
1. Prior.....	40	40	42	41	43
2. 2013.....	14	14	14	14	14
3. 2014.....	XXX	97	98	98	98
4. 2015.....	XXX	XXX	20	20	20
5. 2016.....	XXX	XXX	XXX	16	18
6. 2017.....	XXX	XXX	XXX	XXX	17

Section B - Other Accident and Health

1. Prior.....	44,561	44,554	44,558	44,555	44,552
2. 2013.....	3,976	4,447	4,453	4,451	4,451
3. 2014.....	XXX	3,137	3,438	3,436	3,434
4. 2015.....	XXX	XXX	2,760	3,055	3,057
5. 2016.....	XXX	XXX	XXX	2,324	2,581
6. 2017.....	XXX	XXX	XXX	XXX	2,066

Section C - Credit Accident and Health

1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

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

CENTRAL RESERVE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX	10		
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	7

Section C - Credit Accident and Health

1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2013	2014	2015	2016	2017
1. 2013.....	16	24	14	XXX	XXX
2. 2014.....	XXX	97	98	98	XXX
3. 2015.....	XXX	XXX	29	20	20
4. 2016.....	XXX	XXX	XXX	27	18
5. 2017.....	XXX	XXX	XXX	XXX	21

Section B - Other Accident and Health

1. 2013.....	4,437	4,458	4,453	XXX	XXX
2. 2014.....	XXX	3,607	3,441	3,436	XXX
3. 2015.....	XXX	XXX	3,103	3,057	3,057
4. 2016.....	XXX	XXX	XXX	2,603	2,582
5. 2017.....	XXX	XXX	XXX	XXX	2,298

Section C - Credit Accident and Health

1. 2013.....				XXX	XXX
2. 2014.....	XXX				XXX
3. 2015.....	XXX	XXX			
4. 2016.....	XXX	XXX	XXX		
5. 2017.....	XXX	XXX	XXX	XXX	

NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013.....	16	24	14		
2. 2014.....	XXX	97	98	98	
3. 2015.....	XXX	XXX	29	20	20
4. 2016.....	XXX	XXX	XXX	27	18
5. 2017.....	XXX	XXX	XXX	XXX	21

Section B - Other Accident and Health

1. 2013.....	4,437	4,458	4,453		
2. 2014.....	XXX	3,607	3,441	3,436	
3. 2015.....	XXX	XXX	3,113	3,057	3,057
4. 2016.....	XXX	XXX	XXX	2,603	2,582
5. 2017.....	XXX	XXX	XXX	XXX	2,305

Section C - Credit Accident and Health

1. 2013.....					
2. 2014.....	XXX				
3. 2015.....	XXX	XXX			
4. 2016.....	XXX	XXX	XXX		
5. 2017.....	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....		
3. Individual annuity.....		
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....	Development.....	4
9. Credit accident and health.....		
10. Other accident and health.....	Development.....	234
11. Total.....		238

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

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

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

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

Sch. O - Pt. 2 - Sn. D
NONE

Sch. O - Pt. 2 - Sn. E
NONE

Sch. O - Pt. 2 - Sn. F
NONE

Sch. O - Pt. 2 - Sn. G
NONE

Sch. O - Pt. 3 - Sn. D
NONE

Sch. O Pt. 3 Sn. E Supp.
NONE

Sch. O - Pt. 3 - Sn. F
NONE

Sch. O - Pt. 3 - Sn. G
NONE

Sch. O - Pt. 4 - Sn. D
NONE

Sch. O - Pt. 4 - Sn. E
NONE

Sch. O - Pt. 4 - Sn. F
NONE

Sch. O - Pt. 4 - Sn. G
NONE

2017 ALPHABETICAL INDEX

LIFE ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve Default Component	30	Schedule D – Part 3	E13
Asset Valuation Reserve Equity	32	Schedule D – Part 4	E14
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Part 5	E15
Asset Valuation Reserve	29	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends or Refunds	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	15	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17	Schedule DB – Part D – Section 1	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Part D – Section 2	E23
Exhibit of Life Insurance	25	Schedule DB – Verification	SI14
Exhibit of Net Investment Income	8	Schedule DL – Part 1	E24
Exhibit of Nonadmitted Assets	18	Schedule DL – Part 2	E25
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27	Schedule E – Part 1 – Cash	E26
Five-Year Historical Data	22	Schedule E – Part 2 – Cash Equivalents	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule E – Part 3 – Special Deposits	E28
General Interrogatories	20	Schedule E – Verification Between Years	SI15
Jurat Page	1	Schedule F	36
Liabilities, Surplus and Other Funds	3	Schedule H – Accident and Health Exhibit – Part 1	37
Life Insurance (State Page)	24	Schedule H – Part 2, Part 3 and Part 4	38
Notes To Financial Statements	19	Schedule H – Part 5 – Health Claims	39
Overflow Page For Write-ins	55	Schedule S – Part 1 – Section 1	40
Schedule A – Part 1	E01	Schedule S – Part 1 – Section 2	41
Schedule A – Part 2	E02	Schedule S – Part 2	42
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 1	43
Schedule A – Verification Between Years	SI02	Schedule S – Part 3 – Section 2	44
Schedule B – Part 1	E04	Schedule S – Part 4	45
Schedule B – Part 2	E05	Schedule S – Part 5	46
Schedule B – Part 3	E06	Schedule S – Part 6	47
Schedule B – Verification Between Years	SI02	Schedule S – Part 7	48
Schedule BA – Part 1	E07	Schedule T – Part 2 Interstate Compact	50
Schedule BA – Part 2	E08	Schedule T – Premiums and Annuity Considerations	49
Schedule BA – Part 3	E09	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	51
Schedule BA – Verification Between Years	SI03	Schedule Y – Part 1A – Detail of Insurance Holding Company System	52
Schedule D – Part 1	E10	Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	53
Schedule D – Part 1A – Section 1	SI05	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 2	SI08	Summary of Operations	4
		Supplemental Exhibits and Schedules Interrogatories	54