
AMENDED FILING EXPLANATION

The Actuarial Opinion (Page 440) has been revised to conform to VM-30 required format as prescribed in the Valuation Manual.



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730
(Current Period) (Prior Period)

NAIC Company Code..... 62375

Employer's ID Number..... 21-0706531

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... October 3, 1955

Commenced Business..... October 3, 1955

Statutory Home Office

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

2060 East Ninth Street..... Cleveland OH US..... 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-687-7000

(Area Code) (Telephone Number)

Mail Address

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-687-7000

(Area Code) (Telephone Number)

Internet Web Site Address

www.ConsumersLife.com

Statutory Statement Contact

Sharon Matonis

216-687-6049

(Name)

(Area Code) (Telephone Number) (Extension)

Sharon.Matonis@medmutual.com

216-360-4073

(E-Mail Address)

(Fax Number)

OFFICERS

Name	Title
1. Richard Alan Chircosta	President & CEO
3. Raymond Karl Mueller	Treasurer

Name	Title
President & CEO	
Treasurer	

Name	Title
2. Patricia Bunn Decensi	
4.	

Name	Title
Secretary	

Name

Title

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Richard Alan Chircosta	Andrea Marie Hogben #	Steffany Matticola Larkins
Raymond Karl Mueller			

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

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

(Signature)	(Signature)	(Signature)
Richard Alan Chircosta	Patricia Bunn Decensi	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

(Signature)	(Signature)	(Signature)
Patricia Bunn Decensi	Richard Alan Chircosta	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Secretary	President & CEO	Treasurer
(Title)	(Title)	(Title)

(Signature)	(Signature)	(Signature)
Raymond Karl Mueller	Richard Alan Chircosta	Patricia Bunn Decensi
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Treasurer	President & CEO	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2018

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

Yes [X] No []

