



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
(Name)
Sharon.Matonis@medmutual.com
(E-Mail Address)

216-687-6049

(Area Code) (Telephone Number) (Extension)

216-360-4073

(Fax Number)

OFFICERS

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

Name	Title
2. Patricia Bunn Decensi	Secretary
4.	

Title

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura
Raymond Karl Mueller

Richard Alan Chircosta
Andrea Marie Hogben #

Steffany Matticola Larkins

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

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

(Signature)
Richard Alan Chircosta
1. (Printed Name)
President & CEO
(Title)

(Signature)
Patricia Bunn Decensi
2. (Printed Name)
Secretary
(Title)

(Signature)
Raymond Karl Mueller
3. (Printed Name)
Treasurer
(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 []

DIRECT BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 ARIZONA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....			No. of Pol.						0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....			0.....						0	0
23. In force December 31 of current year.....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 COLORADO DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 **DELAWARE** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **FLORIDA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **GEORGIA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		1,055		22,172		23,227
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX			0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		1,055	0	22,172	0	23,227
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
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
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		10,000		20,000		30,000
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.....		10,000	0	20,000	0	30,000

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	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....		0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....						807			0	807
17. Incurred during current year.....	1	10,000			1	19,784			2	29,784
<i>Settled during current year:</i>										
18.1 By payment in full.....	1	10,000			1	20,000			2	30,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,000	0	0	1	20,000	0	0	2	30,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,000	0	0	1	20,000	0	0	2	30,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	591	0	0	0	591
POLICY EXHIBIT										
20. In force December 31, prior year.....	7	280,000	(a)		25	3,873,091			.32	4,153,091
21. Issued during year.....									0	0
22. Other changes to in force (Net).....					(3)	(249,365)			(3)	(249,365)
23. In force December 31 of current year.....	7	280,000	0 (a)	0	22	3,623,726	0	0	.29	3,903,726

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....		1,732	1,732		(19,575)
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.....					
<i>Other Individual Policies:</i>					
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,732	1,732	0	(19,575)	(24,876)

(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.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		195,015		26,596,718		26,791,733
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		195,015	0	26,596,718	0	26,791,733
DIRECT DIVIDENDS TO POLICYHOLDERS						
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.....		76,000		14,608,526		14,684,526
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.....		76,000	0	14,608,526	0	14,684,526

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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....		0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....						2,244,705			0	2,244,705
17. Incurred during current year.....	3	76,000			172	14,322,433			175	14,398,433
Settled during current year:										
18.1 By payment in full.....	3	76,000			172	14,608,526			175	14,684,526
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	76,000	0	0	172	14,608,526	0	0	175	14,684,526
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	76,000	0	0	172	14,608,526	0	0	175	14,684,526
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	1,958,612	0	0	0	1,958,612
POLICY EXHIBIT										
20. In force December 31, prior year.....	627	14,988,520	(a)	5,291	10,755,932,231				5,918	10,770,920,751
21. Issued during year.....	21	700,000		162	183,478,000				183	184,178,000
22. Other changes to in force (Net).....	(128)	(3,000,000)		(426)	1,098,344,144				(554)	1,095,344,144
23. In force December 31 of current year.....	520	12,688,520	0	5,027	12,037,754,375	0	0	0	5,547	12,050,442,895

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....		7,374,542	7,374,542			5,106,473
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).....		17,875,709	17,875,709		13,822,204	15,536,042
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).....		17,875,709	17,875,709	0	13,822,204	15,536,042
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		25,250,251	25,250,251	0	18,928,677	20,037,312

(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.....229.



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 **ILLINOIS** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **INDIANA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		3,793		29,208		33,001
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		3,793	0	29,208	0	33,001
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
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
<i>Annuities:</i>						
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	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....		0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....						1,302			0	1,302
17. Incurred during current year.....						(269)			0	(269)
<i>Settled during current year:</i>										
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	1,033	0	0	0	1,033
POLICY EXHIBIT										
20. In force December 31, prior year.....	.14	330,000	(a)		27	6,241,100			.41	6,571,100
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(20,000)	0	(a)	(4)	80,450			(5)	60,450
23. In force December 31 of current year.....	13	310,000	0	(a)	23	6,321,550	0	0	.36	6,631,550

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....		15,222	15,222		.80
24.1 Federal Employee Health Benefits Plan premium (b).....					.51
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		15,222	15,222	0	.80
(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.					.51

DIRECT BUSINESS IN THE STATE OF **KANSAS** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **KENTUCKY** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 LOUISIANA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 **MARYLAND** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **MICHIGAN** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....				1,039,797		1,039,797
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	1,039,797		0	1,039,797
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
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
<i>Annuities:</i>						
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.....				824,500		824,500
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	824,500		0	824,500

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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....0		0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					45,223				0	45,223
17. Incurred during current year.....			10	815,244				10	815,244	
<i>Settled during current year:</i>										
18.1 By payment in full.....			10	824,500				10	824,500	
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....0	0	0	0	824,500	0	0	10	824,500		
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....0	0	0	0	824,500	0	0	10	824,500		
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....0	0	0	0	0	35,967	0	0	0	0	35,967
POLICY EXHIBIT										
20. In force December 31, prior year.....			(a).....		122	216,695,250			122	216,695,250
21. Issued during year.....					3	565,000			3	565,000
22. Other changes to in force (Net).....					(5)	2,747,250			(5)	2,747,250
23. In force December 31 of current year.....0	0	0	(a).....0	120	220,007,500	0	0	120	220,007,500	

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....		20,808	20,808			5,298
24.1 Federal Employee Health Benefits Plan premium (b).....						5,236
24.2 Credit (group and individual).....						
24.3 Collectively renewable policies (b).....						
24.4 Medicare Title XVIII exempt from state taxes or fees.....						
<i>Other Individual Policies:</i>						
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		20,808	20,808	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....0		20,808	20,808	0	5,298	5,236

(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 **MINNESOTA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 MISSOURI DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 **MISSISSIPPI** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **MONTANA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....			No. of Pol.						0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 **NEBRASKA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....			No. of Pol.						0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....			0.....						0	0
23. In force December 31 of current year.....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 MEXICO** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 NEVADA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....			No. of Pol.						0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....			0.....						0	0
23. In force December 31 of current year.....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 OHIO DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		184,408		25,448,276		25,632,684
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		184,408	0	25,448,276	0	25,632,684
DIRECT DIVIDENDS TO POLICYHOLDERS						
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.....		66,000		13,746,776		13,812,776
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.....		66,000	0	13,746,776	0	13,812,776

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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....		0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....						2,195,385			0	2,195,385
17. Incurred during current year.....	2	66,000			158	13,470,904			160	13,536,904
Settled during current year:										
18.1 By payment in full.....	2	66,000			158	13,746,776			160	13,812,776
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	66,000	0	0	158	13,746,776	0	0	160	13,812,776
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	66,000	0	0	158	13,746,776	0	0	160	13,812,776
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	1,919,513	0	0	0	1,919,513
POLICY EXHIBIT										
20. In force December 31, prior year.....	.596	14,213,520	(a)		5,051	10,519,607,538			5,647	10,533,821,058
21. Issued during year.....	.21	700,000			159	182,913,000			180	183,613,000
22. Other changes to in force (Net).....	(126)	(2,930,000)			(411)	1,096,067,734			(537)	1,093,137,734
23. In force December 31 of current year.....	.491	11,983,520	0	(a)	4,799	11,798,588,272	0	0	5,290	11,810,571,792

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....		7,335,295	7,335,295			4,905,209
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).....		17,875,709	17,875,709			13,822,204
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).....		17,875,709	17,875,709	0	13,822,204	15,536,042
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		25,211,004	25,211,004	0	18,727,413	19,919,245

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....229.

DIRECT BUSINESS IN THE STATE OF **OKLAHOMA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **OREGON** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....				1,342		1,342
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	1,342	0	0	1,342
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
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	0
<i>Annuities:</i>						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					.74				0	.74
17. Incurred during current year.....					(35)				0	(35)
<i>Settled during current year:</i>										
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	.39	0	0	0	0	.39
POLICY EXHIBIT										
20. In force December 31, prior year.....					No. of Pol.					
21. Issued during year.....			(a).....	1	351,813				1	351,813
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	(a).....0	1	(116,250)	235,563	0	0	1	(116,250)

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....		893	893			
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.....						
<i>Other Individual Policies:</i>						
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).....		893	893	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 **SOUTH CAROLINA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		5,759		54,762		60,521
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX			0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		5,759	0	54,762	0	60,521
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
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
<i>Annuities:</i>						
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.....				17,250		17,250
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	17,250	0	17,250

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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....		0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....						1,880			0	1,880
17. Incurred during current year.....			3		16,812			3	16,812	
<i>Settled during current year:</i>										
18.1 By payment in full.....			3		17,250			3	17,250	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	0	0	0	0	3	17,250	0	0	3	17,250
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	0	0	0	0	3	17,250	0	0	3	17,250
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	1,442	0	0	0	1,442
POLICY EXHIBIT										
20. In force December 31, prior year.....	10	165,000	(a)		63	9,003,439			.73	9,168,439
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(1)	(50,000)	0	(a)	(3)	(185,675)	0	(4)	(235,675)	
23. In force December 31 of current year.....	9	115,000	0	(a)	60	8,817,764	0	.69	8,932,764	

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	592	592			215,461
24.1 Federal Employee Health Benefits Plan premium (b).....					137,656
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
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).....	592	592	0	215,461	137,656

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

DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....			No. of Pol.						0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....			0.....						0	0
23. In force December 31 of current year.....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 **TEXAS** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....			No. of Pol.						0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....			0.....						0	0
23. In force December 31 of current year.....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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 UTAH DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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					
<i>Life insurance:</i>					
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
<i>Annuities:</i>					
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	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....			No. of Pol.						0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....			0.....						0	0
23. In force December 31 of current year.....	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **WISCONSIN** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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 **WEST VIRGINIA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....			1,161		1,161
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	1,161	0	1,161
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
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	0
<i>Annuities:</i>					
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	0
8. Grand Totals (Lines 6.5 + 7.4).....0	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	0
14. All other benefits, except accident and health.....					0
15. Totals.....0	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....						.34			0	.34
17. Incurred during current year.....						(7)			0	(7)
<i>Settled during current year:</i>										
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	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	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....0	0	0	0	0	0	.27	0	0	0	.27
POLICY EXHIBIT										
20. In force December 31, prior year.....					No. of Pol.					
21. Issued during year.....			(a).....	.....2	160,000				2	160,000
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....0	0	0	(a).....0	0	.2	160,000	0	0	2	160,000

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.....					
<i>Other Individual Policies:</i>					
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	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....0	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.

NONE

DIRECT BUSINESS IN THE STATE OF **WYOMING** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	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	0
14. All other benefits, except accident and health.....						0
15. Totals.....	0	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	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	28,519
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	0
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).....	28,519
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	6,954
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	21,565

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.....	.6,954	.....	.....	.6,954
2. 2018.....	.7,098	.....	.....	.7,098
3. 2019.....	.7,073	.....	.....	.7,073
4. 2020.....	.2,551	.....	.....	.2,551
5. 2021.....	.2,297	.....	.....	.2,297
6. 2022.....	.2,353	.....	.....	.2,353
7. 2023.....	.193	.....	.....	.193
8. 2024.....	.....	.....	.....	0
9. 2025.....	.....	.....	.....	0
10. 2026.....	.....	.....	.....	0
11. 2027.....	.....	.....	.....	0
12. 2028.....	.....	.....	.....	0
13. 2029.....	.....	.....	.....	0
14. 2030.....	.....	.....	.....	0
15. 2031.....	.....	.....	.....	0
16. 2032.....	.....	.....	.....	0
17. 2033.....	.....	.....	.....	0
18. 2034.....	.....	.....	.....	0
19. 2035.....	.....	.....	.....	0
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).....	.28,519	.0	.0	.28,519

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.....	42,097		42,097				42,097
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.....	6,962		6,962			0	6,962
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	49,059	0	49,059	0	0	0	49,059
9. Maximum reserve.....	52,212		52,212			0	52,212
10. Reserve objective.....	40,029		40,029			0	40,029
11. 20% of (Line 10 minus Line 8).....	(1,806)	0	(1,806)	0	0	0	(1,806)
12. Balance before transfers (Lines 8 + 11).....	47,253	0	47,253	0	0	0	47,253
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	47,253	0	47,253	0	0	0	47,253

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	5,589,662	XXX.....	XXX.....	5,589,662	0.0000	0	0.0000	0	0.0000	
2	1	Highest quality.....	17,403,973	XXX.....	XXX.....	17,403,973	0.0004	6,962	0.0023	40,029	0.0030	
3	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	
4	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	
5	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	
6	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	
7	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	
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).....	22,993,635	XXX.....	XXX.....	22,993,635	XXX.....	6,962	XXX.....	40,029	XXX.....	
PREFERRED STOCKS												
10	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	
11	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	
12	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	
13	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	
14	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	
15	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	
16		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	
19	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	
20	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	
21	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	
22	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	
23	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	
24	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	
25		Total short-term bonds (sum of Lines 18 through 24).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	
27	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	
28	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	
29	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	
30	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	
31	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	
32	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	
33		Total derivative instruments.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
34		Total (Lines 9 + 17 + 25 + 33).....	22,993,635	XXX.....	XXX.....	22,993,635	XXX.....	6,962	XXX.....	40,029	XXX.....	

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 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.....	
59		Schedule DA mortgages.....			XXX.....	0	0.0030	0	0.0100	0	0.0130	
60		Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	

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 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
32		COMMON STOCK										
1		Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(a).....0.1300	0	(a).....0.1300	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.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
5		Affiliated Investment Subsidiary:										
6		Fixed income exempt obligations.....				0	XXX.....	0	XXX.....	0	XXX.....	0
7		Fixed income highest quality.....				0	XXX.....	0	XXX.....	0	XXX.....	0
8		Fixed income high quality.....				0	XXX.....	0	XXX.....	0	XXX.....	0
9		Fixed income medium quality.....				0	XXX.....	0	XXX.....	0	XXX.....	0
10		Fixed income low quality.....				0	XXX.....	0	XXX.....	0	XXX.....	0
11		Fixed income lower quality.....				0	XXX.....	0	XXX.....	0	XXX.....	0
12		Fixed income in or near default.....				0	XXX.....	0	XXX.....	0	XXX.....	0
13		Unaffiliated common stock public.....				0	0.0000	0	(a).....0.1300	0	(a).....0.1300	0
14		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
15		Real estate.....		XXX.....	XXX.....	0	0.0000	0	(b).....0.1300	0	(b).....0.1300	0
16		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
18		REAL ESTATE										
		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
22		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
		Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
		High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
		Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
		Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
		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
		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....	XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0	
31	2	High quality.....	XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0	
32	3	Medium quality.....	XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0	
33	4	Low quality.....	XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0	
34	5	Lower quality.....	XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0	
35	6	In or near default.....	XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0	
36		Affiliated life with AVR.....	XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0	
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - highest quality.....		XXX.....	0	0.0010	0	0.0050	0	0.0065	0	
39		Mortgages - CM2 - high quality.....		XXX.....	0	0.0035	0	0.0100	0	0.0130	0	
40		Mortgages - CM3 - medium quality.....		XXX.....	0	0.0060	0	0.0175	0	0.0225	0	
41		Mortgages - CM4 - low medium quality.....		XXX.....	0	0.0105	0	0.0300	0	0.0375	0	
42		Mortgages - CM5 - low quality.....		XXX.....	0	0.0160	0	0.0425	0	0.0550	0	
43		Residential mortgages-insured or guaranteed.....		XXX.....	0	0.0003	0	0.0006	0	0.0010	0	
44		Residential mortgages-all other.....		XXX.....	0	0.0013	0	0.0030	0	0.0040	0	
45		Commercial mortgages-insured or guaranteed.....		XXX.....	0	0.0003	0	0.0006	0	0.0010	0	
		Overdue, Not in Process Affiliated:										
46		Farm mortgages.....		XXX.....	0	0.0420	0	0.0760	0	0.1200	0	
47		Residential mortgages-insured or guaranteed.....		XXX.....	0	0.0005	0	0.0012	0	0.0020	0	
48		Residential mortgages-all other.....		XXX.....	0	0.0025	0	0.0058	0	0.0090	0	
49		Commercial mortgages-insured or guaranteed.....		XXX.....	0	0.0005	0	0.0012	0	0.0020	0	
50		Commercial mortgages-all other.....		XXX.....	0	0.0420	0	0.0760	0	0.1200	0	
		In Process of foreclosure Affiliated:										
51		Farm mortgages.....		XXX.....	0	0.0000	0	0.1700	0	0.1700	0	
52		Residential mortgages-insured or guaranteed.....		XXX.....	0	0.0000	0	0.0040	0	0.0040	0	
53		Residential mortgages-all other.....		XXX.....	0	0.0000	0	0.0130	0	0.0130	0	
54		Commercial mortgages-insured or guaranteed.....		XXX.....	0	0.0000	0	0.0040	0	0.0040	0	
55		Commercial mortgages-all other.....		XXX.....	0	0.0000	0	0.1700	0	0.1700	0	
56		Total Affiliated (Sum of Lines 38 through 55).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
57		Unaffiliated - In Good Standing with Covenants.....		XXX.....	0	(c).....	0	(c).....	0	(c).....	0	
58		Unaffiliated - In Good Standing Defeased with Government Securities.....		XXX.....	0	0.0010	0	0.0050	0	0.0065	0	
59		Unaffiliated - In Good Standing Primarily Senior.....		XXX.....	0	0.0035	0	0.0100	0	0.0130	0	
60		Unaffiliated - In Good Standing All Other.....		XXX.....	0	0.0060	0	0.0175	0	0.0225	0	
61		Unaffiliated - Overdue, Not in Process.....		XXX.....	0	0.0420	0	0.0760	0	0.1200	0	
62		Unaffiliated - In Process of Foreclosure.....		XXX.....	0	0.0000	0	0.1700	0	0.1700	0	
63		Total Unaffiliated (Sum of Lines 57 through 62).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
64		Total with Mortgage Loan Characteristics (Lines 56 + 63).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	

NONE

ASSET VALUATION RESERVE (continued)

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 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK											
	Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(a).....0.1300	0	(a).....0.1300	0	0
	Unaffiliated private.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0	0
	Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0	0
	Affiliated certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0	0
	Affiliated other - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0	0
	Total with Common Stock Characteristics (Sum of Lines 65 through 69).....		0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0	0
71	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE											
	Home office property (general account only).....				0	0.0000	0	0.0750	0	0.0750	0	0
	Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0	0
	Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0	0
	Total with Real Estate Characteristics (Sum of Lines 71 through 73).....		0	0	0	XXX.....	0	XXX.....	0	XXX.....	0	0
75	LOW INCOME HOUSING TAX CREDIT INVESTMENTS											
	Guaranteed federal low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0	0
	Non-guaranteed federal low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0	0
	Guaranteed state low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0	0
	Non-guaranteed state low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0	0
	All other low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0	0
	Total LIHTC (Sum of Lines 75 through 79).....		0	0	0	XXX.....	0	XXX.....	0	XXX.....	0	0
81	ALL OTHER INVESTMENTS											
	NAIC 1 working capital finance investments.....		XXX.....		0	0.0000	0	0.0037	0	0.0037	0	0
	NAIC 2 working capital finance investments.....		XXX.....		0	0.0000	0	0.0120	0	0.0120	0	0
	Other invested assets - Schedule BA.....		XXX.....		0	0.0000	0	0.1300	0	0.1300	0	0
	Other short-term invested assets - Schedule DA.....		XXX.....		0	0.0000	0	0.1300	0	0.1300	0	0
	Total All Other (sum of Lines 81, 82, 83 and 84).....		0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0	0
	Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85).....		0	0	0	XXX.....	0	XXX.....	0	XXX.....	0	0

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

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									
			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.....	22,847,823	XXX	4,972,114	XXX	.....	....	....	....	....	....	17,875,709	....	....	....	....	....	....	....
2. Premiums earned.....	22,847,823	XXX	4,972,114	XXX	.....	....	....	....	....	....	17,875,709	....	....	....	....	....	....	....
3. Incurred claims.....	19,039,711	83.3	3,504,824	70.5	0	0.0	0	0.0	0	0.0	15,534,887	86.9	0	0.0	0	0.0	0	0.0
4. Cost containment expenses.....	520,269	2.3	.....	0.0	.....	0.0	.....	0.0	.....	0.0	520,269	2.9	0.0	0.0	0.0	0.0	0.0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	19,559,980	85.6	3,504,824	70.5	0	0.0	0	0.0	0	0.0	16,055,156	89.8	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves.....	(1,074,000)	(4.7)	0	0.0	0	0.0	0	0.0	0	0.0	(1,074,000)	(6.0)	0	0.0	0	0.0	0	0.0
7. Commissions (a).....	1,050,216	4.6	304,846	6.1	.....	0.0	.....	0.0	.....	0.0	745,370	4.2	0.0	0.0	0.0	0.0	0.0	0.0
8. Other general insurance expenses.....	2,255,735	9.9	716,351	14.4	.....	0.0	.....	0.0	.....	0.0	1,539,384	8.6	0.0	0.0	0.0	0.0	0.0	0.0
9. Taxes, licenses and fees.....	746,072	3.3	125,575	2.5	.....	0.0	.....	0.0	.....	0.0	620,497	3.5	0.0	0.0	0.0	0.0	0.0	0.0
10. Total other expenses incurred.....	4,052,023	17.7	1,146,772	23.1	0	0.0	0	0.0	0	0.0	2,905,251	16.3	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds.....	309,820	1.4	320,518	6.4	0	0.0	0	0.0	0	0.0	(10,698)	(0.1)	0	0.0	0	0.0	0	0.0
13. Dividends or refunds.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds.....	309,820	1.4	320,518	6.4	0	0.0	0	0.0	0	0.0	(10,698)	(0.1)	0	0.0	0	0.0	0	0.0

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DETAILS OF WRITE-INS

1101.	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1102.	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1103.	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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).	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

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1 Total	2 Group Accident and Health	3 Credit A&H (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	0								
2. Advance premiums.....	280,185	63,223					216,962		
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	280,185	63,223	0	0	0	216,962	0	0	0
5. Total premium reserves, prior year.....	940,615	145,526				795,089			
6. Increase in total premium reserves.....	(660,430)	(82,303)	0	0	0	(578,127)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	0								
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year.....	1,074,000		0	0	0	1,074,000			
5. Increase in contract reserves.....	(1,074,000)	0	0	0	0	(1,074,000)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	2,868,736	802,000	0	0	0	2,066,736	0	0	0
2. Total prior year.....	1,195,928	844,000				351,928			
3. Increase.....	1,672,808	(42,000)	0	0	0	1,714,808	0	0	0

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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.....	256,538	(24,876)				281,414			
1.2 On claims incurred during current year.....	17,110,365	3,571,700				13,538,665			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	(13,400)					(13,400)			
2.2 On claims incurred during current year.....	2,882,136	802,000				2,080,136			
3. Test:									
3.1 Lines 1.1 and 2.1.....	243,138	(24,876)	0	0	0	268,014	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	1,195,928	844,000				351,928			
3.3 Line 3.1 minus Line 3.2.....	(952,790)	(868,876)	0	0	0	(83,914)	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.....	2,402,428	2,402,428							
2. Premiums earned.....	2,402,428	2,402,428							
3. Incurred claims.....	997,601	996,446				1,155			
4. Commissions.....	0								

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

Consumers Life Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	19,528,820	71,570	436,922	20,037,312
2. Beginning claim reserves and liabilities.....	10,463,952		35,946	10,499,898
3. Ending claim reserves and liabilities.....	11,560,228	10,000	38,305	11,608,533
4. Claims paid.....	18,432,544	61,570	434,563	18,928,677
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.....	997,601			997,601
10. Beginning claim reserves and liabilities.....	9,311,845			9,311,845
11. Ending claim reserves and liabilities.....	8,741,392			8,741,392
12. Claims paid.....	1,568,054	0	0	1,568,054
D. Net:				
13. Incurred claims.....	18,531,219	71,570	436,922	19,039,711
14. Beginning claim reserves and liabilities.....	1,152,107	0	35,946	1,188,053
15. Ending claim reserves and liabilities.....	2,818,836	10,000	38,305	2,867,141
16. Claims paid.....	16,864,490	61,570	434,563	17,360,623
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....	19,000,768	105,303	453,909	19,559,980
18. Beginning reserves and liabilities.....	1,154,053		36,448	1,190,501
19. Ending reserves and liabilities.....	2,833,470	11,051	38,835	2,883,356
20. Paid claims and cost containment expenses.....	17,321,351	94,252	451,522	17,867,125

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

97071.....	13-3126819....	01/01/2011	SCOR Global Life USA Reassurance Company.....	KS.....	207,970	449,416
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				207,970	449,416
1099999.	Total - Life and Annuity Non-Affiliates.....				207,970	449,416
1199999.	Total - Life and Annuity.....				207,970	449,416

Accident and Health - Non-Affiliates - U.S. Non-Affiliates

00000.....	AA-9990032...	01/01/2016	U.S. Department of Health and Human Services.....	DC.....	1,595	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				1,595	0
2199999.	Total - Accident and Health Non-Affiliates.....				1,595	0
2299999.	Total - Accident and Health.....				1,595	0
2399999.	Total U.S.....				209,565	449,416
9999999.	Total.....				209,565	449,416

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														
97071.....	13-3126819....	01/01/2011	SCOR Global Life USA Reassurance Company.....	KS.....	OTH/G.....	OL.....	702,556,671	172,000	126,000	1,098,968	.....	.....	.....	.....
97071.....	13-3126819....	01/01/2014	SCOR Global Life USA Reassurance Company.....	KS.....	ADB/G.....	OL.....	.....	128,645	88,000	1,270,859	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						702,556,671	300,645	214,000	2,369,827	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						702,556,671	300,645	214,000	2,369,827	0	0	0	0
1199999.	Total - General Account - Authorized.....						702,556,671	300,645	214,000	2,369,827	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						702,556,671	300,645	214,000	2,369,827	0	0	0	0
6999999.	Total U.S.....						702,556,671	300,645	214,000	2,369,827	0	0	0	0
9999999.	Total.....						702,556,671	300,645	214,000	2,369,827	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	12		

General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates

68381.....	36-0883760....	.01/01/2008	Reliance Standard Life Insurance Company.....	PA.....	OTH/G.....	LTDI.....	.....2,402,428	.....	.....8,739,797	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....2,402,428	.....0	.....8,739,797	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....2,402,428	.....0	.....8,739,797	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....2,402,428	.....0	.....8,739,797	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....2,402,428	.....0	.....8,739,797	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....						.....2,402,428	.....0	.....8,739,797	.....0	.....0	.....0	.....0
9999999.	Total.....						.....2,402,428	.....0	.....8,739,797	.....0	.....0	.....0	.....0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	4,772	4,356	4,443	4,533	69,842
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....	2,706	3,993	3,840	3,214	81,112
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.....					578
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	397	723	370	371	
9. Aggregate reserves for life and accident and health contracts.....					6,789
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	449	867	613	449	6,234
12. Amounts recoverable on reinsurance.....	210	428	691	75	5,352
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).....					

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	39,892,749		39,892,749
2. Reinsurance (Line 16).....	209,565		209,565
3. Premiums and considerations (Line 15).....	2,215,646	397,000	2,612,646
4. Net credit for ceded reinsurance.....	XXX	8,964,213	8,964,213
5. All other admitted assets (balance).....	2,624,903		2,624,903
6. Total assets excluding Separate Accounts (Line 26).....	44,942,863	9,361,213	54,304,076
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	44,942,863	9,361,213	54,304,076
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	4,126,000	8,911,797	13,037,797
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	5,754,697	449,416	6,204,113
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	556,153		556,153
14. Other contract liabilities (Line 9).....	3,977,095		3,977,095
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).....	2,889,247		2,889,247
20. Total liabilities excluding Separate Accounts (Line 26).....	17,303,192	9,361,213	26,664,405
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	17,303,192	9,361,213	26,664,405
23. Capital & surplus (Line 38).....	27,639,671	XXX	27,639,671
24. Total liabilities, capital & surplus (Line 39).....	44,942,863	9,361,213	54,304,076
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	8,911,797		
26. Claim reserves.....	449,416		
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.....	9,361,213		
34. Premiums and considerations.....	397,000		
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.....	397,000		
41. Total net credit for ceded reinsurance.....		8,964,213	

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	.AL					0
2. Alaska.....	.AK					0
3. Arizona.....	.AZ					0
4. Arkansas.....	.AR					0
5. California.....	.CA					0
6. Colorado.....	.CO					0
7. Connecticut.....	.CT					0
8. Delaware.....	.DE					0
9. District of Columbia.....	.DC					0
10. Florida.....	.FL					0
11. Georgia.....	.GA	23,227		1,732		24,959
12. Hawaii.....	.HI					0
13. Idaho.....	.ID					0
14. Illinois.....	.IL					0
15. Indiana.....	.IN	33,001		15,222		48,223
16. Iowa.....	.IA					0
17. Kansas.....	.KS					0
18. Kentucky.....	.KY					0
19. Louisiana.....	.LA					0
20. Maine.....	.ME					0
21. Maryland.....	.MD					0
22. Massachusetts.....	.MA					0
23. Michigan.....	.MI	1,039,797		20,808		1,060,605
24. Minnesota.....	.MN					0
25. Mississippi.....	.MS					0
26. Missouri.....	.MO					0
27. Montana.....	.MT					0
28. Nebraska.....	.NE					0
29. Nevada.....	.NV					0
30. New Hampshire.....	.NH					0
31. New Jersey.....	.NJ					0
32. New Mexico.....	.NM					0
33. New York.....	.NY					0
34. North Carolina.....	.NC					0
35. North Dakota.....	.ND					0
36. Ohio.....	.OH	25,632,684		7,335,295		32,967,979
37. Oklahoma.....	.OK					0
38. Oregon.....	.OR					0
39. Pennsylvania.....	.PA	1,342		.893		.2,235
40. Rhode Island.....	.RI					0
41. South Carolina.....	.SC	60,521		.592		61,113
42. South Dakota.....	.SD					0
43. Tennessee.....	.TN					0
44. Texas.....	.TX					0
45. Utah.....	.UT					0
46. Vermont.....	.VT					0
47. Virginia.....	.VA					0
48. Washington.....	.WA					0
49. West Virginia.....	.WV	1,161				1,161
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.....		26,791,733	0	7,374,542	0	34,166,275

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

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076.....	34-0648820.....	Medical Mutual of Ohio.....						240,105,559				.240,105,559
95828.....	34-1442712.....	Medical Health Insuring Corporation of Ohio.....						(28,875,078)				(28,875,078)
62375.....	21-0706531.....	Consumers Life Insurance Company.....						(2,329,627)				(2,329,627)
	34-1913462.....	Medical Mutual Services, LLC.....						(208,900,854)				(208,900,854)
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
MARCH 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
APRIL 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
JUNE 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
<p>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.</p>	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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?	NO
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?	YES
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?	YES
50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	YES
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
JUNE FILING	
53. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

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:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
12. The data for this supplement is not required to be filed.
- 13.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
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.

BAR CODE:

Consumers 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.

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.

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

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

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

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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.



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.....Ohio

NAIC Group Code.....730

Address (City, State and Zip Code).....Cleveland, OH 44115

Person Completing This Exhibit.....Charles Kuhn

NAIC Company Code.....62375

Title.....Director, Actuarial Services.....Telephone Number.....216-687-6528

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

Individual Policies

.....YES.....	STM-NG2006-A.....	A.....	NO.....	34.....	12/05/2005	.....	.....	12/31/2007	Medicare Supplement Individual Policy - Plan A	.....4,162	.....5,131	.....123.3	.....2	.....	.....	.....0.0
.....YES.....	STM-NG2006-C.....	C.....	NO.....	34.....	12/05/2005	.....	.....	12/31/2007	Medicare Supplement Individual Policy - Plan C	.....215,548	.....145,601	.....67.5	.....71	.....	.....	.....0.0
.....YES.....	STM-NG2006-F.....	F.....	NO.....	34.....	12/05/2005	.....	.....	12/31/2007	Medicare Supplement Individual Policy - Plan F	.....472,201	.....266,827	.....56.5	.....156	.....	.....	.....0.0
0199999. Total Policy Experience on Individual Policies.....										.....691,911	.....417,559	.....60.3	.....229	.....0	.....0	.....0

360.OH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 2060 East Ninth Street Cleveland OH 44115-1355
 - 2.2 Contact person and phone number..... Paul Mancino 216-687-2675
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 2060 East Ninth Street Cleveland OH 44115-1355
 - 3.2 Contact person and phone number..... Paul Mancino 216-687-2675
4. Explain any policies identified as policy type "O".



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

SCHEDULE O SUPPLEMENT

For the year ended December 31, 2017

NONE

Of The....Consumers Life Insurance Company

Address (City, State, Zip Code)....Cleveland, OH 44115-1355

NAIC Group Code....730

NAIC Company Code....62375

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

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.....	102,774	102,774	102,774	102,774	102,757
2. 2013.....	19,421	22,344	22,344	22,344	22,344
3. 2014.....	XXX.....	3,329	4,281	4,281	4,280
4. 2015.....	XXX.....	XXX.....	3,044	3,048	3,043
5. 2016.....	XXX.....	XXX.....	XXX.....	3,688	3,686
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	3,572

Section B - Other Accident and Health

1. Prior.....	8,815	8,815	8,815	8,815	8,815
2. 2013.....	1,819	2,059	2,059	2,059	2,037
3. 2014.....	XXX.....	408	420	419	419
4. 2015.....	XXX.....	XXX.....	415	450	450
5. 2016.....	XXX.....	XXX.....	XXX.....	2,398	2,702
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	13,539

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.....	.....

NONE

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

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.....	3,402	3,402	3,402	3,402	3,402
2. 2013.....	2,194	2,386	2,386	2,386	2,386
3. 2014.....	XXX.....	218	219	219	219
4. 2015.....	XXX.....	XXX.....	3	3	3
5. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

Section B - Other Accident and Health

1. Prior.....	250	250	250	250	250
2. 2013.....	205	221	221	221	221
3. 2014.....	XXX.....	27	28	28	28
4. 2015.....	XXX.....	XXX.....	24	25	25
5. 2016.....	XXX.....	XXX.....	XXX.....	92	103
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	509

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.....	

NONE

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 2013	2 2014	3 2015	4 2016	5 2017
1. 2013.....	21,471	24,364	24,364	XXX	XXX
2. 2014.....	XXX	4,199	5,151	5,151	XXX
3. 2015.....	XXX	XXX	4,126	3,048	3,025
4. 2016.....	XXX	XXX	XXX	4,532	3,686
5. 2017.....	XXX	XXX	XXX	XXX	4,374

Section B - Other Accident and Health

1. 2013.....	2,044	2,233	2,233	XXX	XXX
2. 2014.....	XXX	446	387	386	XXX
3. 2015.....	XXX	XXX	471	496	474
4. 2016.....	XXX	XXX	XXX	2,775	2,713
5. 2017.....	XXX	XXX	XXX	XXX	15,619

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

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.....	23,665	26,750	26,750	26,750	26,733
2. 2014.....	XXX.....	4,417	5,370	5,370	5,369
3. 2015.....	XXX.....	XXX.....	4,129	3,051	3,046
4. 2016.....	XXX.....	XXX.....	XXX.....	4,532	3,686
5. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	4,374

Section B - Other Accident and Health

1. 2013.....	2,249	2,454	2,454	2,454	2,432
2. 2014.....	XXX.....	473	415	414	414
3. 2015.....	XXX.....	XXX.....	495	521	521
4. 2016.....	XXX.....	XXX.....	XXX.....	2,867	2,917
5. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	16,144

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.....	.....

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.....	Other.....	.....11
3. Individual annuity.....	.....	.....
4. Supplementary contracts.....	.....	.....
5. Credit life.....	.....	.....
6. Group life.....	Other.....	.....3,677
7. Group annuities.....	.....	.....
8. Group accident and health.....	Other.....	.....802
9. Credit accident and health.....	.....	.....
10. Other accident and health.....	Other.....	.....2,067
11. Total.....	.....	.....6,557

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

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