



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084

(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized..... December 29, 1961

Statutory Home Office

NAIC Company Code..... 63312

Employer's ID Number..... 13-1935920

301 East Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, County and Zip Code)

Main Administrative Office

301 East Fourth Street..... Cincinnati OH US..... 45202
(Street and Number) (City or Town, State, County and Zip Code)

513-357-3300

(Area Code) (Telephone Number)

Mail Address

Post Office Box 5420..... Cincinnati OH US 45201
(Street and Number or P. O. Box) (City or Town, State, County and Zip Code)

Primary Location of Books and Records

301 East Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, County and Zip Code)

513-357-3300

(Area Code) (Telephone Number)

Internet Web Site Address

Robert Mayhew Earle II

513-412-1735

Statutory Statement Contact

(Name)

(Area Code) (Telephone Number) (Extension)

rearle@graig.com

513-412-1673

(E-Mail Address)

(Fax Number)

OFFICERS

| Name | Title | Name | Title |
|-------------------------------|-----------|-----------------------|-------------------|
| 1. Stephen Craig Lindner | President | 2. John Paul Gruber | Secretary |
| 3. Christopher Patrick Milano | Treasurer | 4. Richard Lee Sutton | Appointed Actuary |

| | | | |
|------------------------|--------------------------|-------------------------|----------------|
| Adrienne Susan Baglier | Senior Vice President | Michael Harrison Haney | Vice President |
| Mark Francis Muething | Executive Vice President | Brian Patrick Sponaugle | Vice President |

OTHER

| | | | |
|----------------------|-----------------------|----------------------------|-----------------------|
| Jeffrey Gene Hester | Stephen Craig Lindner | Christopher Patrick Milano | Mark Francis Muething |
| Michael James Prager | | | |

DIRECTORS OR TRUSTEES

State of..... Ohio
County of.... Hamilton

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)
John Paul Gruber
1. (Printed Name)
Secretary
(Title)

(Signature)
Christopher Patrick Milano
2. (Printed Name)
Treasurer
(Title)

(Signature)
Mark Francis Muething
3. (Printed Name)
Executive Vice President
(Title)

Subscribed and sworn to before me
This _____ day of February 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 []



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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 59,495 | | | | 59,495 |
| 2. Annuity considerations..... | | 223,942 | | | | 223,942 |
| 3. Deposit-type contract funds..... | | XXX | | | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 283,437 | 0 | 0 | 0 | 283,437 |
| 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..... | | 47,277 | | | | 47,277 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 1,801,502 | | 78,560 | | 1,880,062 |
| 12. Surrender values and withdrawals for life contracts..... | | 655,945 | | 16,755 | | 672,700 |
| 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..... | | 2,504,724 | 0 | 95,316 | 0 | 2,600,039 |

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..... | 2 | 53,193 | | | | | | | 2 | 53,193 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 47,277 | | | | | | | 1 | 47,277 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 47,277 | 0 | 0 | 0 | 0 | 0 | 1 | 47,277 | |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 47,277 | 0 | 0 | 0 | 0 | 0 | 1 | 47,277 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 5,916 | 0 | 0 | 0 | 0 | 0 | 1 | 5,916 | |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .43 | 15,960,106 | (a) | 6 | 73,579 | | | .49 | 16,033,685 | |
| 21. Issued during year..... | | | | | | | | 0 | 0 | |
| 22. Other changes to in force (Net)..... | (10) | (1,831,471) | 0 | 6 | 73,579 | 0 | | (10) | (1,831,471) | |
| 23. In force December 31 of current year..... | .33 | 14,128,635 | 0 | 6 | 73,579 | 0 | | .39 | 14,202,214 | |

(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: | | NONE | | | | |
| 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 Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

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 **ALASKA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 16,811 | | | | 16,811 |
| 2. Annuity considerations..... | | 798,635 | | | | 798,635 |
| 3. Deposit-type contract funds..... | | XXX | | | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 815,446 | 0 | 0 | 0 | 815,446 |
| 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..... | | | | | | 0 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 371,269 | | | | 371,269 |
| 12. Surrender values and withdrawals for life contracts..... | | 1,095,485 | | 9,606 | | 1,105,091 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 1,466,754 | 0 | 9,606 | 0 | 1,476,360 |

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..... | | | | | | | | | 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..... | .36 | 6,342,954 | (a) | 1 | | | | | .37 | 6,342,954 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (2) | (153,969) | | (1) | | | | | (3) | (153,969) |
| 23. In force December 31 of current year..... | .34 | 6,188,985 | (a) | 0 | 0 | 0 | 0 | 0 | .34 | 6,188,985 |

(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: | | NONE | | | | |
| 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 **ALABAMA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 380,235 | | | | 380,235 |
| 2. Annuity considerations..... | | 108,188,282 | | 1,384 | | 108,189,666 |
| 3. Deposit-type contract funds..... | | 94,055 | XXX | | XXX | 94,055 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 108,662,573 | 0 | 1,384 | 0 | 108,663,957 |
| 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..... | | 515,000 | | | | 515,000 |
| 10. Matured endowments..... | | 27,300 | | | | 27,300 |
| 11. Annuity benefits..... | | 13,433,606 | | 10,803 | | 13,444,409 |
| 12. Surrender values and withdrawals for life contracts..... | | 22,170,907 | | 129,595 | | 22,300,502 |
| 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..... | | 36,146,812 | 0 | 140,398 | 0 | 36,287,210 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 6 | 561,338 | | | | | | | 6 | 561,338 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 3 | 542,300 | | | | | | | 3 | 542,300 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 3 | 542,300 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 542,300 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 3 | 542,300 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 542,300 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 3 | 19,038 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 19,038 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 443 | 112,712,034 | (a) | | 20,429 | | | | 443 | 112,732,463 |
| 21. Issued during year..... | 1 | 15,000 | | | | | | | 1 | 15,000 |
| 22. Other changes to in force (Net)..... | (31) | (8,578,199) | 0 | 0 | 253 | | | | (31) | (8,577,946) |
| 23. In force December 31 of current year..... | 413 | 104,148,835 | 0 | 0 | 20,682 | 0 | 0 | 0 | 413 | 104,169,517 |

(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)..... | 105,998 | 105,872 | | 36,465 | 36,352 |
| 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)..... | 105,998 | 105,872 | 0 | 36,465 | 36,352 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 105,998 | 105,872 | 0 | 36,465 | 36,352 |

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

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

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 257,247 | | | | 257,247 |
| 2. Annuity considerations..... | | 22,706,720 | | | | 22,706,720 |
| 3. Deposit-type contract funds..... | | XXX | | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 22,963,967 | 0 | 0 | 0 | 22,963,967 |
| 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..... | | 201,000 | | 104,568 | | 305,568 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 2,352,776 | | 4,180 | | 2,356,957 |
| 12. Surrender values and withdrawals for life contracts..... | | 9,466,311 | | 3,011 | | 9,469,322 |
| 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..... | | 12,020,087 | 0 | 111,759 | 0 | 12,131,847 |

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..... | | | | | 1 | 6,158 | | | 1 | 6,158 |
| 17. Incurred during current year..... | 4 | 202,965 | | | 23 | 98,562 | | | 27 | 301,527 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 3 | 201,000 | | | 22 | 104,568 | | | 25 | 305,568 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 3 | 201,000 | 0 | 0 | 22 | 104,568 | 0 | 0 | 25 | 305,568 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 3 | 201,000 | 0 | 0 | 22 | 104,568 | 0 | 0 | 25 | 305,568 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 1,965 | 0 | 0 | 2 | 152 | 0 | 0 | 3 | 2,117 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 356 | 70,483,214 | (a) | | | 1,501,786 | | | 356 | 71,985,000 |
| 21. Issued during year..... | 1 | 15,000 | | | | | | | 1 | 15,000 |
| 22. Other changes to in force (Net)..... | (28) | (6,453,463) | | | | (85,106) | | | (28) | (6,538,569) |
| 23. In force December 31 of current year..... | 329 | 64,044,751 | 0 | (a) 0 | 0 | 1,416,680 | 0 | 0 | 329 | 65,461,431 |

(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)..... | | 4,643 | 4,643 | | | 1 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | | |
| 25.4 Other accident only..... | | | | | | |
| 25.5 All other (b)..... | | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 4,643 | 4,643 | 0 | 0 | 1 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 4,643 | 4,643 | 0 | 0 | 1 |

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

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

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 730,402 | | | | 730,402 |
| 2. Annuity considerations..... | | 72,235,322 | | .85,198 | | 72,320,521 |
| 3. Deposit-type contract funds..... | | 1,556,345 | XXX | | XXX | 1,556,345 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 74,522,069 | .0 | .85,198 | .0 | 74,607,268 |
| 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..... | | 1,437,855 | | | | 1,437,855 |
| 10. Matured endowments..... | | 16,700 | | | | 16,700 |
| 11. Annuity benefits..... | | 11,893,797 | | .32,753 | | 11,926,550 |
| 12. Surrender values and withdrawals for life contracts..... | | 17,322,190 | | .1,170,320 | | 18,492,509 |
| 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..... | | 30,670,541 | .0 | 1,203,073 | .0 | 31,873,614 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 12 | 1,464,555 | | | | | | | 12 | 1,464,555 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 11 | 1,454,555 | | | | | | | 11 | 1,454,555 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 11 | 1,454,555 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 1,454,555 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 11 | 1,454,555 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 1,454,555 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,034 | 218,044,212 | (a) | | 15,389 | | | | 1,034 | 218,059,601 |
| 21. Issued during year..... | 2 | 50,000 | | | | | | | 2 | 50,000 |
| 22. Other changes to in force (Net)..... | (79) | (16,974,114) | | | 11,489 | | | | (79) | (16,962,625) |
| 23. In force December 31 of current year..... | 957 | 201,120,098 | 0 | 0 | 26,878 | 0 | 0 | 0 | 957 | 201,146,976 |

(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 |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| | | | 3 Dividends Paid Or Credited on Direct Business | | |
| 24. Group policies (b)..... | | | 254 | | |
| 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)..... | | 15,168 | 14,638 | | 6,986 |
| 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)..... | | 15,168 | 14,638 | 0 | 6,986 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 15,168 | 14,892 | 0 | 6,986 |

(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 **CALIFORNIA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 7,603,056 | | | | 7,603,056 |
| 2. Annuity considerations..... | | 350,946,760 | | 3,015,177 | | 353,961,937 |
| 3. Deposit-type contract funds..... | | 78,307 | XXX | | XXX | 78,307 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 358,628,123 | 0 | 3,015,177 | 0 | 361,643,300 |
| 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..... | | 7,076,793 | | 30,397 | | 7,107,190 |
| 10. Matured endowments..... | | 737,442 | | | | 737,442 |
| 11. Annuity benefits..... | | 65,152,030 | | 1,444,067 | | 66,596,097 |
| 12. Surrender values and withdrawals for life contracts..... | | 109,896,830 | | 17,058,790 | | 126,955,620 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 182,863,095 | 0 | 18,533,254 | 0 | 201,396,349 |

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..... | 19 | 972,482 | | | | | | | 19 | 972,482 |
| 17. Incurred during current year..... | 79 | 7,662,992 | | | 3 | 30,397 | | | 82 | 7,693,389 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 83 | 7,814,235 | | | 3 | 30,397 | | | 86 | 7,844,632 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 83 | 7,814,235 | 0 | 0 | 3 | 30,397 | 0 | 0 | 86 | 7,844,632 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | 1 | 25,000 | | | | | | | 1 | 25,000 |
| 18.6 Total settlements..... | 84 | 7,839,235 | 0 | 0 | 3 | 30,397 | 0 | 0 | 87 | 7,869,632 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 14 | 796,240 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 796,240 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 9,894 | 2,287,762,349 | | (a) | | 72,533 | | | 9,894 | 2,287,834,882 |
| 21. Issued during year..... | 3 | 85,000 | | | | | | | 3 | 85,000 |
| 22. Other changes to in force (Net)..... | (642) | (155,302,022) | | | | (9,062) | | | (642) | (155,311,084) |
| 23. In force December 31 of current year..... | 9,255 | 2,132,545,327 | 0 | (a) | 0 | 63,471 | 0 | 0 | 9,255 | 2,132,608,798 |

(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)..... | | 12,230 | 14,355 | | 8,693 | 11,590 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | | |
| 25.4 Other accident only..... | | | | | | |
| 25.5 All other (b)..... | | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 12,230 | 14,355 | 0 | 8,693 | 11,590 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 12,230 | 14,355 | 0 | 8,693 | 11,590 |

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

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

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 16,139 | | | | 16,139 |
| 2. Annuity considerations..... | | | | | | 0 |
| 3. Deposit-type contract funds..... | | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 16,139 | 0 | 0 | 0 | 16,139 |
| 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..... | | | | 1,168 | | 1,168 |
| 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 | 1,168 | 0 | 1,168 |

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..... | | | | | | | | | 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 | (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

NONE**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 **COLORADO** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 408,666 | | | | 408,666 |
| 2. Annuity considerations..... | | 42,258,427 | | 4,356 | | 42,262,783 |
| 3. Deposit-type contract funds..... | | 66,787 | XXX | | XXX | 66,787 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 42,733,879 | 0 | 4,356 | 0 | 42,738,235 |
| 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..... | | 501,000 | | 38,590 | | 539,590 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 7,490,783 | | 31,483 | | 7,522,266 |
| 12. Surrender values and withdrawals for life contracts..... | | 8,757,135 | | 236,795 | | 8,993,930 |
| 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..... | | 16,748,917 | 0 | 306,868 | 0 | 17,055,786 |

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..... | 1 | 150,000 | | | | | | | 1 | 150,000 |
| 17. Incurred during current year..... | 3 | 351,000 | | | 10 | 44,000 | | | 13 | 395,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 4 | 501,000 | | | 9 | 38,590 | | | 13 | 539,590 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 4 | 501,000 | 0 | 0 | 9 | 38,590 | 0 | 0 | 13 | 539,590 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 4 | 501,000 | 0 | 0 | 9 | 38,590 | 0 | 0 | 13 | 539,590 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 1 | 5,410 | 0 | 0 | 1 | 5,410 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .545 | 129,639,320 | (a) | | | 744,675 | | | .545 | 130,383,995 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (50) | (11,635,982) | 0 | (a) | 0 | (41,041) | 0 | 0 | (50) | (11,677,023) |
| 23. In force December 31 of current year..... | .495 | 118,003,338 | 0 | (a) | 0 | 703,634 | 0 | 0 | .495 | 118,706,972 |

(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)..... | | 117,935 | 122,850 | | 76,410 | (485,191) |
| 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)..... | | 117,935 | 122,850 | 0 | 76,410 | (485,191) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 117,935 | 122,850 | 0 | 76,410 | (485,191) |

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 573,232 | | | | 573,232 |
| 2. Annuity considerations..... | | 74,269,199 | | 5,139,790 | | 79,408,989 |
| 3. Deposit-type contract funds..... | | 539,610 | XXX | | XXX | 539,610 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 75,382,041 | 0 | 5,139,790 | 0 | 80,521,831 |
| 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..... | | 414,461 | | 335,333 | | 749,794 |
| 10. Matured endowments..... | | 5,559 | | 9,843 | | 15,402 |
| 11. Annuity benefits..... | | 14,573,441 | | | | 14,573,441 |
| 12. Surrender values and withdrawals for life contracts..... | | 33,455,583 | | 251,952 | | 33,707,535 |
| 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..... | | 48,449,044 | 0 | 597,128 | 0 | 49,046,172 |

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..... | 6 | 56,957 | | | | | | | 6 | 56,957 |
| 17. Incurred during current year..... | 17 | 442,238 | | | 60 | 347,052 | | | 77 | 789,290 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 17 | 420,020 | | | 58 | 345,176 | | | 75 | 765,196 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 17 | 420,020 | 0 | 0 | 58 | 345,176 | 0 | 0 | 75 | 765,196 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 17 | 420,020 | 0 | 0 | 58 | 345,176 | 0 | 0 | 75 | 765,196 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 6 | 79,175 | 0 | 0 | 2 | 1,876 | 0 | 0 | 8 | 81,051 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,052 | 160,457,641 | (a) | 1 | 4,495,757 | | | | 1,053 | 164,953,398 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (93) | (13,879,444) | 0 | 0 | (382,766) | | | | (93) | (14,262,210) |
| 23. In force December 31 of current year..... | 959 | 146,578,197 | 0 | 1 | 4,112,991 | 0 | 0 | 0 | 960 | 150,691,188 |

(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)..... | | 5,451 | 7,815 | | 77,716 | 35,420 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | | |
| 25.4 Other accident only..... | | | | | | |
| 25.5 All other (b)..... | | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 5,451 | 7,815 | 0 | 77,716 | 35,420 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 5,451 | 7,815 | 0 | 77,716 | 35,420 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 44,297 | | | | 44,297 |
| 2. Annuity considerations..... | | 5,290,666 | | 600 | | 5,291,266 |
| 3. Deposit-type contract funds..... | | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 5,334,963 | 0 | 600 | 0 | 5,335,563 |
| 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..... | | 632 | | | | 632 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 497,693 | | 46,901 | | 544,594 |
| 12. Surrender values and withdrawals for life contracts..... | | 596,145 | | 11,373 | | 607,518 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 1,094,470 | 0 | 58,273 | 0 | 1,152,744 |

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..... | 1 | 632 | | | | | | | 1 | 632 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 632 | | | | | | | 1 | 632 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 632 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 632 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 632 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 632 |
| 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..... | .81 | 9,494,054 | (a) | | | | | | .81 | 9,494,054 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (13) | (1,991,418) | | 0 | 0 | 0 | 0 | 0 | (13) | (1,991,418) |
| 23. In force December 31 of current year..... | .68 | 7,502,636 | 0 | (a) | 0 | 0 | 0 | 0 | .68 | 7,502,636 |

(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 **DELAWARE** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 98,414 | | | | 98,414 |
| 2. Annuity considerations..... | | 22,544,291 | | | | 22,544,291 |
| 3. Deposit-type contract funds..... | | XXX | | | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 22,642,705 | 0 | 0 | 0 | 22,642,705 |
| 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..... | | | | | | 0 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 3,160,024 | | 9,954 | | 3,169,978 |
| 12. Surrender values and withdrawals for life contracts..... | | 9,500,104 | | 13,287 | | 9,513,391 |
| 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..... | | 12,660,129 | 0 | 23,241 | 0 | 12,683,370 |

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..... | | | | | | | | | 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..... | 121 | 31,060,327 | (a) | | | | | | 121 | 31,060,327 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (2) | (871,708) | 0 | 0 | 0 | 0 | 0 | 0 | (2) | (871,708) |
| 23. In force December 31 of current year..... | 119 | 30,188,619 | 0 | 0 | 0 | 0 | 0 | 0 | 119 | 30,188,619 |

(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: | | NONE | | | | |
| 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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 3,024,628 | | | | 3,024,628 |
| 2. Annuity considerations..... | | 306,232,079 | | 1,188,339 | | 307,420,418 |
| 3. Deposit-type contract funds..... | | 58,730 | XXX | | XXX | 58,730 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 309,315,437 | 0 | 1,188,339 | 0 | 310,503,775 |
| 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..... | | 4,166,777 | | 33,200 | | 4,199,977 |
| 10. Matured endowments..... | | 11,865 | | | | 11,865 |
| 11. Annuity benefits..... | | 42,766,052 | | 563,874 | | 43,329,926 |
| 12. Surrender values and withdrawals for life contracts..... | | 123,575,167 | | 4,230,020 | | 127,805,187 |
| 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..... | | 170,519,860 | 0 | 4,827,094 | 0 | 175,346,954 |

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..... | 11 | 830,260 | | | | | | | 11 | 830,260 |
| 17. Incurred during current year..... | 46 | 3,433,423 | | | 6 | 33,200 | | | 52 | 3,466,623 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 51 | 4,178,642 | | | 6 | 33,200 | | | 57 | 4,211,842 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 51 | 4,178,642 | 0 | 0 | 6 | 33,200 | 0 | 0 | 57 | 4,211,842 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 51 | 4,178,642 | 0 | 0 | 6 | 33,200 | 0 | 0 | 57 | 4,211,842 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 6 | 85,041 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 85,041 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 3,912 | 841,701,481 | (a) | 1 | 257,933 | | | | 3,913 | 841,959,414 |
| 21. Issued during year..... | 3 | 45,000 | | | | | | | 3 | 45,000 |
| 22. Other changes to in force (Net)..... | (283) | (62,082,231) | | | (172) | | | | (283) | (62,082,403) |
| 23. In force December 31 of current year..... | 3,632 | 779,664,250 | 0 | 1 | 257,761 | 0 | 0 | 0 | 3,633 | 779,922,011 |

(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)..... | | 394,372 | 397,311 | | 279,867 | 282,194 |
| 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)..... | | 394,372 | 397,311 | 0 | 279,867 | 282,194 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 394,372 | 397,311 | 0 | 279,867 | 282,194 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 1,347,751 | | | | 1,347,751 |
| 2. Annuity considerations..... | | 108,980,150 | | | | 108,980,150 |
| 3. Deposit-type contract funds..... | | 264,444 | XXX | | XXX | 264,444 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 110,592,345 | 0 | 0 | 0 | 110,592,345 |
| 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..... | | 612,980 | | | | 612,980 |
| 10. Matured endowments..... | | 49,000 | | | | 49,000 |
| 11. Annuity benefits..... | | 14,910,355 | | 82,661 | | 14,993,016 |
| 12. Surrender values and withdrawals for life contracts..... | | 26,611,324 | | 333,074 | | 26,944,398 |
| 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..... | | 42,183,659 | 0 | 415,735 | 0 | 42,599,395 |

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..... | 1 | 101,000 | | | | | | | 1 | 101,000 |
| 17. Incurred during current year..... | 10 | 661,980 | | | 1 | 2,925 | | | 11 | 664,905 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 10 | 661,980 | | | | | | | 10 | 661,980 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 10 | 661,980 | 0 | 0 | 0 | 0 | 0 | 10 | 661,980 | |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 10 | 661,980 | 0 | 0 | 0 | 0 | 0 | 10 | 661,980 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 101,000 | 0 | 0 | 1 | 2,925 | 0 | 0 | 2 | 103,925 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,835 | 351,908,034 | (a) | | | 136,789 | | | 1,835 | 352,044,823 |
| 21. Issued during year..... | 2 | 75,000 | | | | | | | 2 | 75,000 |
| 22. Other changes to in force (Net)..... | (104) | (24,883,249) | | | | 37,764 | | | (104) | (24,845,485) |
| 23. In force December 31 of current year..... | 1,733 | 327,099,784 | 0 | (a) | 0 | 174,553 | 0 | 0 | 1,733 | 327,274,337 |

(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)..... | | 109,849 | 110,367 | | 12,437 | 12,663 |
| 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)..... | | 109,849 | 110,367 | 0 | 12,437 | 12,663 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 109,849 | 110,367 | 0 | 12,437 | 12,663 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|---------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 37,478,290 | | | | 37,478,290 |
| 2. Annuity considerations..... | | 4,097,541,543 | | 17,347,368 | | 4,114,888,911 |
| 3. Deposit-type contract funds..... | | 14,310,085 | XXX | | XXX | 14,310,085 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 4,149,329,918 | 0 | 17,347,368 | 0 | 4,166,677,286 |
| 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..... | | 45,892,990 | | 1,479,895 | | 47,372,885 |
| 10. Matured endowments..... | | 3,078,829 | | 9,843 | | 3,088,672 |
| 11. Annuity benefits..... | | 633,120,604 | | 6,730,528 | | 639,851,132 |
| 12. Surrender values and withdrawals for life contracts..... | | 1,319,452,856 | | 51,304,347 | | 1,370,757,203 |
| 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..... | | 2,001,545,280 | 0 | 59,524,613 | 0 | 2,061,069,893 |

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..... | 129 | 6,645,101 | | | 10 | .51,552 | | | 139 | 6,696,653 |
| 17. Incurred during current year..... | .979 | 46,738,696 | | | 263 | 1,444,040 | | | 1,242 | 48,182,736 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | .964 | 48,984,223 | | | 260 | 1,477,335 | | | 1,224 | 50,461,558 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | .964 | 48,984,223 | 0 | 0 | 260 | 1,477,335 | 0 | 0 | 1,224 | 50,461,558 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | 3 | 285,729 | | | | | | | 3 | 285,729 |
| 18.6 Total settlements..... | .967 | 49,269,952 | 0 | 0 | 260 | 1,477,335 | 0 | 0 | 1,227 | 50,747,287 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 141 | 4,113,845 | 0 | 0 | 13 | 18,257 | 0 | 0 | 154 | 4,132,102 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 56,007 | 10,873,954,171 | | (a) | 13 | 19,341,464 | | | .56,020 | 10,893,295,635 |
| 21. Issued during year..... | .55 | 1,418,000 | | | | | | | .55 | 1,418,000 |
| 22. Other changes to in force (Net)..... | (4,046) | (785,737,813) | | (1) | (1,301,079) | | | | (4,047) | (787,038,892) |
| 23. In force December 31 of current year..... | 52,016 | 10,089,634,358 | 0 | (a) | 12 | 18,040,385 | 0 | 0 | .52,028 | 10,107,674,743 |

(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)..... | | 78,521 | .76,359 | | | 443 |
| 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)..... | | 6,806,570 | 6,907,040 | | 4,512,635 | 5,253,735 |
| 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)..... | | 6,806,570 | 6,907,040 | 0 | 4,512,635 | 5,253,735 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 6,885,091 | 6,983,399 | 0 | 4,512,635 | 5,254,178 |

(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.



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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 121,250 | | | | 121,250 |
| 2. Annuity considerations..... | | | | | | 0 |
| 3. Deposit-type contract funds..... | | | XXX | | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 121,250 | 0 | 0 | 0 | 121,250 |
| 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 |
| 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 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits..... | | 25,000 | | | | 25,000 |
| 10. Matured endowments..... | | 107,800 | | | | 107,800 |
| 11. Annuity benefits..... | | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | 19,821 | | | | 19,821 |
| 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..... | | 152,621 | 0 | 0 | 0 | 152,621 |

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..... | 1 | 50,000 | | | | | | | 1 | 50,000 |
| 17. Incurred during current year..... | 1 | 132,800 | | | | | | | 1 | 132,800 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 132,800 | | | | | | | 1 | 132,800 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 132,800 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 132,800 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 132,800 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 132,800 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 50,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 50,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 169 | 31,148,758 | (a) | | | | | | 169 | 31,148,758 |
| 21. Issued during year..... | | 25,000 | | | | | | | 0 | 25,000 |
| 22. Other changes to in force (Net)..... | (15) | (2,336,449) | | | | | | | (15) | (2,336,449) |
| 23. In force December 31 of current year..... | 154 | 28,837,309 | 0 | (a) | 0 | 0 | 0 | 0 | 154 | 28,837,309 |

(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 **HAWAII** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 336,853 | | | | 336,853 |
| 2. Annuity considerations..... | | 22,409,416 | | 54,510 | | 22,463,926 |
| 3. Deposit-type contract funds..... | | 28,629 | XXX | | XXX | 28,629 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 22,774,898 | 0 | 54,510 | 0 | 22,829,408 |
| 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..... | | 125,000 | | | | 125,000 |
| 10. Matured endowments..... | | 31,700 | | | | 31,700 |
| 11. Annuity benefits..... | | 2,492,052 | | 34,658 | | 2,526,709 |
| 12. Surrender values and withdrawals for life contracts..... | | 4,487,439 | | 1,278,527 | | 5,765,966 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 7,136,191 | 0 | 1,313,185 | 0 | 8,449,376 |

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..... | 1 | 97,627 | | | | | | | 1 | 97,627 |
| 17. Incurred during current year..... | 1 | 59,073 | | | | | | | 1 | 59,073 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 2 | 156,700 | | | | | | | 2 | 156,700 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 2 | 156,700 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 156,700 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 2 | 156,700 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 156,700 |
| 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..... | 429 | 63,235,833 | (a) | | | | | | 429 | 63,235,833 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (24) | (2,466,370) | 0 | 0 | 0 | 0 | 0 | 0 | (24) | (2,466,370) |
| 23. In force December 31 of current year..... | 405 | 60,769,463 | 0 | 0 | 0 | 0 | 0 | 0 | 405 | 60,769,463 |

(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: | | NONE | | | | |
| 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 **IOWA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 191,105 | | | | 191,105 |
| 2. Annuity considerations..... | | 43,484,549 | | | | 43,484,549 |
| 3. Deposit-type contract funds..... | | 28,137 | XXX | | XXX | 28,137 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 43,703,791 | 0 | 0 | 0 | 43,703,791 |
| 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..... | | 114,000 | | | | 114,000 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 8,582,357 | | 13,786 | | 8,596,142 |
| 12. Surrender values and withdrawals for life contracts..... | | 12,322,925 | | 206,150 | | 12,529,076 |
| 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..... | | 21,019,282 | 0 | 219,936 | 0 | 21,239,218 |

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..... | 2 | 111,729 | | | | | | | 2 | 111,729 |
| 17. Incurred during current year..... | 3 | 23,000 | | | | | | | 3 | 23,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 3 | 114,000 | | | | | | | 3 | 114,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 3 | 114,000 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 114,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | 1 | 10,729 | | | | | | | 1 | 10,729 |
| 18.6 Total settlements..... | 4 | 124,729 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 124,729 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 285 | 40,790,400 | (a) | | 1,893 | | | | 285 | 40,792,293 |
| 21. Issued during year..... | 1 | 10,000 | | | | | | | 1 | 10,000 |
| 22. Other changes to in force (Net)..... | (34) | (6,572,267) | 0 | 0 | 19 | | | | (34) | (6,572,248) |
| 23. In force December 31 of current year..... | 252 | 34,228,133 | 0 | 0 | 1,912 | 0 | 0 | 0 | 252 | 34,230,045 |

(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)..... | | 220,246 | 221,101 | | 133,238 | 133,450 |
| 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)..... | | 220,246 | 221,101 | 0 | 133,238 | 133,450 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 220,246 | 221,101 | 0 | 133,238 | 133,450 |

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

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

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 148,946 | | | | 148,946 |
| 2. Annuity considerations..... | | 20,177,509 | | 13,565 | | 20,191,074 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 20,326,455 | 0 | 13,565 | 0 | 20,340,020 |
| 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..... | | 285,000 | | | | 285,000 |
| 10. Matured endowments..... | | 53,900 | | | | 53,900 |
| 11. Annuity benefits..... | | 6,295,543 | | 157,573 | | 6,453,117 |
| 12. Surrender values and withdrawals for life contracts..... | | 7,722,046 | | 410,714 | | 8,132,760 |
| 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..... | | 14,356,489 | 0 | 568,288 | 0 | 14,924,776 |

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 |
| 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..... | 2 | 275,000 | | | | | | | 2 | 275,000 |
| 17. Incurred during current year..... | 3 | 69,735 | | | | | | | 3 | 69,735 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 3 | 338,900 | | | | | | | 3 | 338,900 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 3 | 338,900 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 338,900 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 3 | 338,900 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 338,900 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 2 | 5,835 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 5,835 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 215 | 51,133,555 | (a) | | | | | | 215 | 51,133,555 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (12) | (3,753,614) | 0 | 0 | 0 | 0 | 0 | 0 | (12) | (3,753,614) |
| 23. In force December 31 of current year..... | 203 | 47,379,941 | 0 | 0 | 0 | 0 | 0 | 0 | 203 | 47,379,941 |

(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)..... | | 6,955 | 6,954 | | 2,867 | 2,910 |
| 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)..... | | 6,955 | 6,954 | 0 | 2,867 | 2,910 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 6,955 | 6,954 | 0 | 2,867 | 2,910 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 1,378,177 | | | | 1,378,177 |
| 2. Annuity considerations..... | | 116,947,751 | | 125,740 | | 117,073,491 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 118,325,928 | 0 | 125,740 | 0 | 118,451,668 |
| 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..... | | 2,850,016 | | 465 | | 2,850,481 |
| 10. Matured endowments..... | | 741,114 | | | | 741,114 |
| 11. Annuity benefits..... | | 21,637,845 | | 74,523 | | 21,712,368 |
| 12. Surrender values and withdrawals for life contracts..... | | 42,019,725 | | 650,863 | | 42,670,588 |
| 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..... | | 67,248,700 | 0 | 725,850 | 0 | 67,974,550 |

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..... | 1 | 16 | | | | | | | 1 | 16 |
| 17. Incurred during current year..... | 13 | 3,593,114 | | | | | | | 13 | 3,593,114 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 13 | 3,591,130 | | | | | | | 13 | 3,591,130 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 13 | 3,591,130 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 3,591,130 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 13 | 3,591,130 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 3,591,130 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 2,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,457 | 444,240,269 | (a) | 1 | 4,317 | | | | 1,458 | 444,244,586 |
| 21. Issued during year..... | 3 | 60,000 | | | | | | | 3 | 60,000 |
| 22. Other changes to in force (Net)..... | (98) | (24,449,662) | | | 20 | | | | (98) | (24,449,642) |
| 23. In force December 31 of current year..... | 1,362 | 419,850,607 | 0 | 1 | 4,337 | 0 | 0 | 0 | 1,363 | 419,854,944 |

(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)..... | | | | 1,404 | | (175) |
| 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)..... | | 157,501 | 156,111 | | 55,159 | 208,453 |
| 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)..... | | 157,501 | 156,111 | 0 | 55,159 | 208,453 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 157,501 | 157,515 | 0 | 55,159 | 208,279 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 369,858 | | | | 369,858 |
| 2. Annuity considerations..... | | 131,194,155 | | 13,916 | | 131,208,071 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 131,564,013 | 0 | 13,916 | 0 | 131,577,929 |
| 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..... | | 587,500 | | 2,100 | | 589,600 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 14,726,625 | | 151,302 | | 14,877,927 |
| 12. Surrender values and withdrawals for life contracts..... | | 37,099,368 | | 1,170,401 | | 38,269,769 |
| 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..... | | 52,413,493 | 0 | 1,323,802 | 0 | 53,737,296 |

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..... | 1 | 1,320 | | | | | | | 1 | 1,320 |
| 17. Incurred during current year..... | 8 | 702,500 | | | | | | | 8 | 702,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 7 | 588,820 | | | | | | | 7 | 588,820 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 7 | 588,820 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 588,820 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 7 | 588,820 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 588,820 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 2 | 115,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 115,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .562 | 116,738,828 | (a) | 1 | 3,001 | | | | .563 | 116,741,829 |
| 21. Issued during year..... | 3 | 35,000 | | | | | | | 3 | 35,000 |
| 22. Other changes to in force (Net)..... | (36) | (4,810,674) | | | .30 | | | | (36) | (4,810,644) |
| 23. In force December 31 of current year..... | .529 | 111,963,154 | 0 | 1 | 3,031 | 0 | 0 | 0 | .530 | 111,966,185 |

(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)..... | | 225,947 | 230,475 | | 182,826 | 182,398 |
| 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)..... | | 225,947 | 230,475 | 0 | 182,826 | 182,398 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 225,947 | 230,475 | 0 | 182,826 | 182,398 |

(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 **KANSAS** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 250,033 | | | | 250,033 |
| 2. Annuity considerations..... | | 18,702,339 | | | | 18,702,339 |
| 3. Deposit-type contract funds..... | | XXX | | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 18,952,372 | 0 | 0 | 0 | 18,952,372 |
| 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..... | | 49,500 | | | | 49,500 |
| 10. Matured endowments..... | | 10,100 | | | | 10,100 |
| 11. Annuity benefits..... | | 4,111,598 | | | | 4,111,598 |
| 12. Surrender values and withdrawals for life contracts..... | | 7,826,110 | | 124,161 | | 7,950,271 |
| 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..... | | 11,997,308 | 0 | 124,161 | 0 | 12,121,469 |

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..... | 2 | 10,128 | | | | | | | 2 | 10,128 |
| 17. Incurred during current year..... | 5 | 152,100 | | | | | | | 5 | 152,100 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 4 | 59,600 | | | | | | | 4 | 59,600 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 4 | 59,600 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 59,600 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 4 | 59,600 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 59,600 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 3 | 102,628 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 102,628 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 326 | 77,846,890 | (a) | | | | | | 326 | 77,846,890 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (35) | (11,075,849) | | | | 6,561 | | | (35) | (11,069,288) |
| 23. In force December 31 of current year..... | 291 | 66,771,041 | 0 | (a) | 0 | 6,561 | 0 | 0 | 291 | 66,777,602 |

(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)..... | | 267,515 | 264,977 | | 309,575 | 599,255 |
| 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)..... | | 267,515 | 264,977 | 0 | 309,575 | 599,255 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 267,515 | 264,977 | 0 | 309,575 | 599,255 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 296,985 | | | | 296,985 |
| 2. Annuity considerations..... | | 55,031,557 | | 31,457 | | 55,063,015 |
| 3. Deposit-type contract funds..... | | 413,551 | XXX | | XXX | 413,551 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 55,742,093 | 0 | 31,457 | 0 | 55,773,550 |
| 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..... | | 166,000 | | 1,815 | | 167,815 |
| 10. Matured endowments..... | | 11,100 | | | | 11,100 |
| 11. Annuity benefits..... | | 8,459,290 | | 41,082 | | 8,500,372 |
| 12. Surrender values and withdrawals for life contracts..... | | 24,346,957 | | 1,402,997 | | 25,749,954 |
| 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..... | | 32,983,347 | 0 | 1,445,894 | 0 | 34,429,241 |

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..... | 4 | 108,500 | | | | | | | 4 | 108,500 |
| 17. Incurred during current year..... | 3 | 68,600 | | | 1 | 1,815 | | | 4 | 70,415 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 7 | 177,100 | | | 1 | 1,815 | | | 8 | 178,915 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 7 | 177,100 | 0 | 0 | 1 | 1,815 | 0 | 0 | 8 | 178,915 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 7 | 177,100 | 0 | 0 | 1 | 1,815 | 0 | 0 | 8 | 178,915 |
| 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..... | 483 | 96,492,678 | (a) | | | 20,716 | | | 483 | 96,513,394 |
| 21. Issued during year..... | 1 | 25,000 | | | | | | | 1 | 25,000 |
| 22. Other changes to in force (Net)..... | (49) | (7,011,685) | | | | (7,373) | | | (49) | (7,019,058) |
| 23. In force December 31 of current year..... | 435 | 89,505,993 | 0 | (a) | 0 | 13,343 | 0 | 0 | 435 | 89,519,336 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | | 1 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)..... | | 503,046 | 504,231 | | 449,014 | 442,200 |
| 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)..... | | 503,046 | 504,231 | 0 | 449,014 | 442,200 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 503,046 | 504,231 | 0 | 449,014 | 442,200 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 371,466 | | | | 371,466 |
| 2. Annuity considerations..... | | 121,582,584 | | 3,000 | | 121,585,584 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 121,954,050 | 0 | 3,000 | 0 | 121,957,050 |
| 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..... | | 350,000 | | 217,230 | | 567,230 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 10,869,433 | | 66,670 | | 10,936,104 |
| 12. Surrender values and withdrawals for life contracts..... | | 23,989,480 | | 165,008 | | 24,154,488 |
| 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..... | | 35,208,913 | 0 | 448,909 | 0 | 35,657,822 |

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..... | 1 | 50,000 | | | 2 | 8,040 | | | 3 | 58,040 |
| 17. Incurred during current year..... | 4 | 350,000 | | | 40 | 209,625 | | | 44 | 559,625 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 4 | 350,000 | | | 41 | 217,230 | | | 45 | 567,230 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 4 | 350,000 | 0 | 0 | 41 | 217,230 | 0 | 0 | 45 | 567,230 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 4 | 350,000 | 0 | 0 | 41 | 217,230 | 0 | 0 | 45 | 567,230 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 50,000 | 0 | 0 | 1 | 435 | 0 | 0 | 2 | 50,435 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 605 | 109,004,026 | (a) | | | 2,915,928 | | | 605 | 111,919,954 |
| 21. Issued during year..... | 1 | 25,000 | | | | | | | 1 | 25,000 |
| 22. Other changes to in force (Net)..... | (48) | (13,253,931) | | | | (212,715) | | | (48) | (13,466,646) |
| 23. In force December 31 of current year..... | 558 | 95,775,096 | 0 | (a) 0 | 0 | 2,703,213 | 0 | 0 | 558 | 98,478,309 |

(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)..... | | 2,394 | 2,394 | | 1,635 | 1,649 |
| 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)..... | | 2,394 | 2,394 | 0 | 1,635 | 1,649 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 2,394 | 2,394 | 0 | 1,635 | 1,649 |

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 751,239 | | | | 751,239 |
| 2. Annuity considerations..... | | 53,691,996 | | 2,601,873 | | 56,293,869 |
| 3. Deposit-type contract funds..... | | 3,962,202 | XXX | | XXX | 3,962,202 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 58,405,437 | 0 | 2,601,873 | 0 | 61,007,310 |
| 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..... | | 1,015,491 | | 59,981 | | 1,075,472 |
| 10. Matured endowments..... | | 47,300 | | | | 47,300 |
| 11. Annuity benefits..... | | 16,197,408 | | 231,156 | | 16,428,564 |
| 12. Surrender values and withdrawals for life contracts..... | | 25,195,817 | | 4,221,965 | | 29,417,782 |
| 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..... | | 42,456,016 | 0 | 4,513,102 | 0 | 46,969,118 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 9 | 1,063,791 | | | 9 | 54,981 | | | 18 | 1,118,772 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 8 | 1,062,791 | | | 9 | 54,981 | | | 17 | 1,117,772 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 8 | 1,062,791 | 0 | 0 | 9 | 54,981 | 0 | 0 | 17 | 1,117,772 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 8 | 1,062,791 | 0 | 0 | 9 | 54,981 | 0 | 0 | 17 | 1,117,772 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .980 | 208,369,138 | (a) | | | 786,602 | | | .980 | 209,155,740 |
| 21. Issued during year..... | .1 | .50,000 | | | | | | | 1 | .50,000 |
| 22. Other changes to in force (Net)..... | (83) | (19,214,283) | | | | (38,209) | | | (83) | (19,252,492) |
| 23. In force December 31 of current year..... | .898 | 189,204,854 | 0 | (a) 0 | 0 | 748,393 | 0 | 0 | .898 | 189,953,247 |

(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)..... | | 6,059 | 5,986 | | 1,622 | 1,658 |
| 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)..... | | 6,059 | 5,986 | 0 | 1,622 | 1,658 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 6,059 | 5,986 | 0 | 1,622 | 1,658 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 983,853 | | | | 983,853 |
| 2. Annuity considerations..... | | 76,607,526 | | 400 | | 76,607,926 |
| 3. Deposit-type contract funds..... | | 477,671 | XXX | | XXX | 477,671 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 78,069,049 | 0 | 400 | 0 | 78,069,449 |
| 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..... | | 1,688,767 | | 2,285 | | 1,691,052 |
| 10. Matured endowments..... | | 42,522 | | | | 42,522 |
| 11. Annuity benefits..... | | 8,641,735 | | 36,331 | | 8,678,066 |
| 12. Surrender values and withdrawals for life contracts..... | | 16,784,001 | | 96,042 | | 16,880,043 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 27,157,025 | 0 | 134,658 | 0 | 27,291,682 |

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..... | 4 | 107,471 | | | | | | | 4 | 107,471 |
| 17. Incurred during current year..... | 14 | 1,850,953 | | | 1 | 2,285 | | | 15 | 1,853,238 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 13 | 1,732,125 | | | 1 | 2,285 | | | 14 | 1,734,410 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 13 | 1,732,125 | 0 | 0 | 1 | 2,285 | 0 | 0 | 14 | 1,734,410 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 13 | 1,732,125 | 0 | 0 | 1 | 2,285 | 0 | 0 | 14 | 1,734,410 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 5 | 226,300 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 226,300 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,276 | 299,156,960 | | (a) | | 2,285 | | | 1,276 | 299,159,245 |
| 21. Issued during year..... | 4 | 85,000 | | | | | | | 4 | 85,000 |
| 22. Other changes to in force (Net)..... | (90) | (18,095,315) | | | | 419 | | | (90) | (18,094,896) |
| 23. In force December 31 of current year..... | 1,190 | 281,146,645 | 0 | (a) | 0 | 2,704 | 0 | 0 | 1,190 | 281,149,349 |

(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: | | NONE | | | | |
| 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 **MAINE** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 158,887 | | | | 158,887 |
| 2. Annuity considerations..... | | 21,018,144 | | 387,490 | | 21,405,634 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 21,177,031 | 0 | 387,490 | 0 | 21,564,521 |
| 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..... | | 295,415 | | | | 295,415 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 4,034,243 | | 388,921 | | 4,423,164 |
| 12. Surrender values and withdrawals for life contracts..... | | 3,766,115 | | 518,087 | | 4,284,201 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 8,095,773 | 0 | 907,007 | 0 | 9,002,780 |

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..... | 1 | 93 | | | | | | | 1 | .93 |
| 17. Incurred during current year..... | 5 | 330,415 | | | | | | | 5 | 330,415 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 4 | 295,415 | | | | | | | 4 | 295,415 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 4 | 295,415 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 295,415 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 4 | 295,415 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 295,415 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 2 | 35,093 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 35,093 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 317 | 53,611,957 | (a) | | 49,935 | | | | 317 | 53,661,892 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (16) | (1,561,304) | | | 13,398 | | | | (16) | (1,547,906) |
| 23. In force December 31 of current year..... | 301 | 52,050,653 | 0 | (a) 0 | 63,333 | 0 | 0 | 0 | 301 | 52,113,986 |

(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)..... | | 8,652 | 8,734 | | 236 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | 242 |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 8,652 | 8,734 | 0 | 236 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 8,652 | 8,734 | 0 | 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. | | | | | 242 |

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

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 409,159 | | | | 409,159 |
| 2. Annuity considerations..... | | 157,998,384 | | 91,213 | | 158,089,597 |
| 3. Deposit-type contract funds..... | | 265,423 | XXX | | XXX | 265,423 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 158,672,966 | 0 | 91,213 | 0 | 158,764,179 |
| 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..... | | 1,523,590 | | 2,216 | | 1,525,806 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 35,990,857 | | 71,792 | | 36,062,648 |
| 12. Surrender values and withdrawals for life contracts..... | | 81,702,318 | | 2,035,743 | | 83,738,061 |
| 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..... | | 119,216,765 | 0 | 2,109,750 | 0 | 121,326,515 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 9 | 1,948,590 | | | 1 | 2,216 | | | 10 | 1,950,806 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 7 | 1,523,590 | | | 1 | 2,216 | | | 8 | 1,525,806 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 7 | 1,523,590 | 0 | 0 | 1 | 2,216 | 0 | 0 | 8 | 1,525,806 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 7 | 1,523,590 | 0 | 0 | 1 | 2,216 | 0 | 0 | 8 | 1,525,806 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 2 | 425,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 425,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .559 | 120,464,490 | (a) | 1 | 3,370 | | | | 560 | 120,467,860 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (44) | (8,496,159) | 0 | 0 | .33 | | | | (44) | (8,496,126) |
| 23. In force December 31 of current year..... | .515 | 111,968,332 | 0 | 1 | 3,403 | 0 | 0 | 0 | 516 | 111,971,735 |

(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)..... | | 18,168 | 18,173 | | 21,713 |
| 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)..... | | 18,168 | 18,173 | 0 | 21,713 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 18,168 | 18,173 | 0 | 21,713 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 574,334 | | | | 574,334 |
| 2. Annuity considerations..... | | 78,425,976 | | 40,373 | | 78,466,349 |
| 3. Deposit-type contract funds..... | | 580,184 | XXX | | XXX | 580,184 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 79,580,495 | 0 | 40,373 | 0 | 79,620,867 |
| 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..... | | 662,777 | | | | 662,777 |
| 10. Matured endowments..... | | 10,600 | | | | 10,600 |
| 11. Annuity benefits..... | | 12,324,149 | | 13,330 | | 12,337,479 |
| 12. Surrender values and withdrawals for life contracts..... | | 28,108,733 | | 291,567 | | 28,400,300 |
| 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..... | | 41,106,259 | 0 | 304,898 | 0 | 41,411,156 |

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..... | 3 | 18,439 | | | | | | | 3 | 18,439 |
| 17. Incurred during current year..... | 23 | 676,603 | | | | | | | 23 | 676,603 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 22 | 673,377 | | | | | | | 22 | 673,377 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 22 | 673,377 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 673,377 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 22 | 673,377 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 673,377 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 4 | 21,665 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 21,665 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .779 | 140,275,804 | (a) | | | | | | .779 | 140,275,804 |
| 21. Issued during year..... | 3 | 130,000 | | | | | | | 3 | 130,000 |
| 22. Other changes to in force (Net)..... | (64) | (8,307,434) | 0 | 0 | 0 | 0 | 0 | 0 | (64) | (8,307,434) |
| 23. In force December 31 of current year..... | .718 | 132,098,370 | 0 | 0 | 0 | 0 | 0 | 0 | .718 | 132,098,370 |

(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)..... | | 270 | 270 | | | 2 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | | |
| 24.2 Credit (group and individual)..... | | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | |
| Other Individual Policies: | | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | | |
| 25.2 Guaranteed renewable (b)..... | | 1,979 | 1,819 | | | .99 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | | |
| 25.4 Other accident only..... | | | | | | |
| 25.5 All other (b)..... | | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 1,979 | 1,819 | 0 | 0 | .99 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 2,249 | 2,089 | 0 | 0 | 101 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 525,448 | | | | 525,448 |
| 2. Annuity considerations..... | | 209,736,708 | | 5,700 | | 209,742,408 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 210,262,156 | 0 | 5,700 | 0 | 210,267,856 |
| 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..... | | 311,000 | | 5,612 | | 316,612 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 16,076,071 | | | | 16,076,071 |
| 12. Surrender values and withdrawals for life contracts..... | | 38,011,862 | | 149,047 | | 38,160,909 |
| 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..... | | 54,398,932 | 0 | 154,659 | 0 | 54,553,591 |

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..... | 2 | 50,092 | | | | | | | 2 | 50,092 |
| 17. Incurred during current year..... | 8 | 321,000 | | | 2 | 5,612 | | | 10 | 326,612 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 7 | 311,000 | | | 2 | 5,612 | | | 9 | 316,612 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 7 | 311,000 | 0 | 0 | 2 | 5,612 | 0 | 0 | 9 | 316,612 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 7 | 311,000 | 0 | 0 | 2 | 5,612 | 0 | 0 | 9 | 316,612 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 3 | 60,092 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 60,092 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 740 | 151,724,254 | (a) | | | 148,318 | | | 740 | 151,872,572 |
| 21. Issued during year..... | 2 | 79,000 | | | | | | | 2 | 79,000 |
| 22. Other changes to in force (Net)..... | (43) | (7,548,167) | | | | (11,487) | | | (43) | (7,559,654) |
| 23. In force December 31 of current year..... | 699 | 144,255,087 | 0 | (a) 0 | 0 | 136,831 | 0 | 0 | 699 | 144,391,918 |

(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)..... | | 1,320 | 1,320 | | |
| 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)..... | | 247,985 | 248,127 | | 165,256 |
| 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)..... | | 247,985 | 248,127 | 0 | 165,256 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 249,305 | 249,447 | 0 | 164,172 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 244,605 | | | | 244,605 |
| 2. Annuity considerations..... | | 34,652,273 | | 10,795 | | 34,663,068 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 34,896,878 | 0 | 10,795 | 0 | 34,907,673 |
| 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..... | | 87,000 | | | | 87,000 |
| 10. Matured endowments..... | | 20,500 | | | | 20,500 |
| 11. Annuity benefits..... | | 3,614,032 | | | | 3,614,032 |
| 12. Surrender values and withdrawals for life contracts..... | | 10,246,778 | | 21,819 | | 10,268,597 |
| 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..... | | 13,968,310 | 0 | 21,819 | 0 | 13,990,129 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 3 | 157,500 | | | | | | | 3 | 157,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 2 | 107,500 | | | | | | | 2 | 107,500 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 2 | 107,500 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 107,500 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 2 | 107,500 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 107,500 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 50,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 50,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 336 | 70,557,926 | (a) | | 35,824 | | | | 336 | 70,593,750 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (20) | (3,232,539) | | | 261 | | | | (20) | (3,232,278) |
| 23. In force December 31 of current year..... | 316 | 67,325,387 | 0 | (a) 0 | 36,085 | 0 | 0 | 0 | 316 | 67,361,472 |

(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)..... | | 7,352 | 7,579 | | 4,380 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 7,352 | 7,579 | 0 | 4,380 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 7,352 | 7,579 | 0 | 4,380 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 22,650 | | | | 22,650 |
| 2. Annuity considerations..... | | 3,178,447 | | 3,600 | | 3,182,047 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 3,201,097 | 0 | 3,600 | 0 | 3,204,697 |
| 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..... | | 2,980 | | | | 2,980 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 1,299,260 | | | | 1,299,260 |
| 12. Surrender values and withdrawals for life contracts..... | | 1,352,889 | | 9,414 | | 1,362,303 |
| 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..... | | 2,655,129 | 0 | 9,414 | 0 | 2,664,543 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 1 | 2,980 | | | | | | | 1 | 2,980 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 2,980 | | | | | | | 1 | 2,980 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 2,980 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2,980 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 2,980 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2,980 |
| 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..... | .43 | 7,360,737 | (a) | | 9,257 | | | | .43 | 7,369,994 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (.1) | (1,369,563) | | | .93 | | | | (.1) | (1,369,470) |
| 23. In force December 31 of current year..... | .42 | 5,991,175 | 0 | (a) 0 | 9,350 | 0 | 0 | .42 | 6,000,525 | |

(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 |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| | | | 3 Dividends Paid Or Credited on Direct Business | | |
| 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)..... | | 6,987 | 6,986 | | |
| 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)..... | | 6,987 | 6,986 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 6,987 | 6,986 | 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 CAROLINA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 1,448,262 | | | | 1,448,262 |
| 2. Annuity considerations..... | | 159,729,199 | | 136,570 | | 159,865,769 |
| 3. Deposit-type contract funds..... | | 189,853 | XXX | | XXX | 189,853 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 161,367,315 | 0 | 136,570 | 0 | 161,503,885 |
| 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..... | | 2,115,200 | | 257 | | 2,115,457 |
| 10. Matured endowments..... | | 75,526 | | | | 75,526 |
| 11. Annuity benefits..... | | 25,192,507 | | 409,575 | | 25,602,082 |
| 12. Surrender values and withdrawals for life contracts..... | | 51,276,430 | | 726,864 | | 52,003,294 |
| 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..... | | 78,659,663 | 0 | 1,136,696 | 0 | 79,796,359 |

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..... | 9 | 181,703 | | | | | | | 9 | 181,703 |
| 17. Incurred during current year..... | 144 | 2,134,973 | | | | | | | 144 | 2,134,973 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 143 | 2,190,983 | | | | | | | 143 | 2,190,983 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 143 | 2,190,983 | 0 | 0 | 0 | 0 | 0 | 143 | 2,190,983 | |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 143 | 2,190,983 | 0 | 0 | 0 | 0 | 0 | 143 | 2,190,983 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 10 | 125,693 | 0 | 0 | 0 | 0 | 0 | 10 | 125,693 | |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 3,496 | 396,579,103 | (a) | | 28,077 | | | 3,496 | 396,607,180 | |
| 21. Issued during year..... | 3 | 50,000 | | | | | | 3 | 50,000 | |
| 22. Other changes to in force (Net)..... | (251) | (21,282,207) | | | 9,113 | | | (251) | (21,273,094) | |
| 23. In force December 31 of current year..... | 3,248 | 375,346,896 | 0 | 0 | 37,190 | 0 | 0 | 3,248 | 375,384,086 | |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | | 1 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)..... | | 1,267 | 1,267 | | | 1 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | | |
| 24.2 Credit (group and individual)..... | | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | |
| Other Individual Policies: | | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | | |
| 25.2 Guaranteed renewable (b)..... | | 1,602,948 | 1,621,816 | | 757,698 | 1,211,174 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | | |
| 25.4 Other accident only..... | | | | | | |
| 25.5 All other (b)..... | | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 1,602,948 | 1,621,816 | 0 | 757,698 | 1,211,174 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 1,604,215 | 1,623,083 | 0 | 757,698 | 1,211,175 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 60,373 | | | | 60,373 |
| 2. Annuity considerations..... | | 14,849,385 | | | | 14,849,385 |
| 3. Deposit-type contract funds..... | | XXX | | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 14,909,757 | 0 | 0 | 0 | 14,909,757 |
| 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..... | | | | | | 0 |
| 10. Matured endowments..... | | 32,500 | | | | 32,500 |
| 11. Annuity benefits..... | | 1,099,637 | | | | 1,099,637 |
| 12. Surrender values and withdrawals for life contracts..... | | 2,145,702 | | 1,810 | | 2,147,512 |
| 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..... | | 3,277,839 | 0 | 1,810 | 0 | 3,279,649 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | 32,500 | | | | | | | 0 | 32,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | 32,500 | | | | | | | 0 | 32,500 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 32,500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32,500 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 32,500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32,500 |
| 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..... | .62 | 16,258,112 | (a) | | | | | | .62 | 16,258,112 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (2) | (960,539) | 0 | (a) | 0 | 0 | 0 | 0 | (2) | (960,539) |
| 23. In force December 31 of current year..... | .60 | 15,297,573 | 0 | (a) | 0 | 0 | 0 | 0 | .60 | 15,297,573 |

(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: | | NONE | | | | |
| 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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 206,773 | | | | 206,773 |
| 2. Annuity considerations..... | | 9,670,793 | | | | 9,670,793 |
| 3. Deposit-type contract funds..... | | XXX | | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 9,877,566 | 0 | 0 | 0 | 9,877,566 |
| 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..... | | 126,000 | | 370 | | 126,370 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 3,736,025 | | | | 3,736,025 |
| 12. Surrender values and withdrawals for life contracts..... | | 4,442,708 | | 49,126 | | 4,491,834 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 8,304,733 | 0 | 49,496 | 0 | 8,354,229 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 4 | 136,370 | | | | | | | 4 | 136,370 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 3 | 126,370 | | | | | | | 3 | 126,370 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 3 | 126,370 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 126,370 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 3 | 126,370 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 126,370 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 195 | 53,192,744 | (a) | | 7,666 | | | | 195 | 53,200,410 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (12) | (1,967,116) | | | 7,546 | | | | (12) | (1,959,570) |
| 23. In force December 31 of current year..... | 183 | 51,225,628 | 0 | (a) 0 | 15,212 | 0 | 0 | 0 | 183 | 51,240,840 |

(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 |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| | | | 3 Dividends Paid Or Credited on Direct Business | | |
| 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)..... | | 107,607 | 113,618 | | 38,116 |
| 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)..... | | 107,607 | 113,618 | 0 | 38,116 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 107,607 | 113,618 | 0 | 38,116 |

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

DIRECT BUSINESS IN THE STATE OF **NEW HAMPSHIRE** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 105,876 | | | | 105,876 |
| 2. Annuity considerations..... | | 15,613,767 | | .99,536 | | 15,713,303 |
| 3. Deposit-type contract funds..... | | .985,262 | XXX | | XXX | .985,262 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 16,704,905 | .0 | .99,536 | .0 | 16,804,441 |
| 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..... | | 120,000 | | | | 120,000 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 5,011,552 | | 9,473 | | 5,021,024 |
| 12. Surrender values and withdrawals for life contracts..... | | 7,996,830 | | .119,979 | | 8,116,809 |
| 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..... | | 13,128,382 | .0 | 129,452 | .0 | 13,257,834 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 1 | 120,000 | | | | | | | 1 | 120,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 120,000 | | | | | | | 1 | 120,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 120,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 120,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 120,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 120,000 |
| 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..... | 184 | 34,550,426 | (a) | | 24,015 | | | | 184 | 34,574,441 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (12) | (1,692,942) | | | 241 | | | | (12) | (1,692,701) |
| 23. In force December 31 of current year..... | 172 | 32,857,484 | 0 | (a) 0 | 24,256 | 0 | 0 | 0 | 172 | 32,881,740 |

(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)..... | | .87,026 | .89,821 | | .64,720 | .36,703 |
| 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)..... | | .87,026 | .89,821 | .0 | .64,720 | .36,703 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | .87,026 | .89,821 | .0 | .64,720 | .36,703 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 1,075,918 | | | | 1,075,918 |
| 2. Annuity considerations..... | | 160,954,698 | | 463,914 | | 161,418,612 |
| 3. Deposit-type contract funds..... | | 416,645 | XXX | | XXX | 416,645 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 162,447,261 | 0 | 463,914 | 0 | 162,911,175 |
| 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..... | | 1,620,865 | | | | 1,620,865 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 16,144,606 | | 46,283 | | 16,190,889 |
| 12. Surrender values and withdrawals for life contracts..... | | 49,809,302 | | 1,677,068 | | 51,486,371 |
| 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..... | | 67,574,774 | 0 | 1,723,351 | 0 | 69,298,125 |

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..... | 8 | 64,261 | | | | | | | 8 | 64,261 |
| 17. Incurred during current year..... | 20 | 1,680,865 | | | | | | | 20 | 1,680,865 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 22 | 1,628,278 | | | | | | | 22 | 1,628,278 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 22 | 1,628,278 | 0 | 0 | 0 | 0 | 0 | 22 | 1,628,278 | |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 22 | 1,628,278 | 0 | 0 | 0 | 0 | 0 | 22 | 1,628,278 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 6 | 116,848 | 0 | 0 | 0 | 0 | 0 | 6 | 116,848 | |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,581 | 286,579,224 | (a) | 1 | 109,989 | | | 1,582 | 286,689,212 | |
| 21. Issued during year..... | 1 | 10,000 | | | | | | 1 | 10,000 | |
| 22. Other changes to in force (Net)..... | (136) | (20,403,702) | 0 | 1 | 109,989 | 0 | 0 | (136) | (20,403,702) | |
| 23. In force December 31 of current year..... | 1,446 | 266,185,522 | 0 | 1 | 109,989 | 0 | 0 | 1,447 | 266,295,511 | |

(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)..... | | 15,230 | 15,256 | | 650 | (1,425) |
| 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)..... | | 15,230 | 15,256 | 0 | 650 | (1,425) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 15,230 | 15,256 | 0 | 650 | (1,425) |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 291,906 | | | | 291,906 |
| 2. Annuity considerations..... | | 7,426,689 | | 17,067 | | 7,443,756 |
| 3. Deposit-type contract funds..... | | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 7,718,596 | 0 | 17,067 | 0 | 7,735,663 |
| 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..... | | 150,000 | | | | 150,000 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 2,005,259 | | 29,738 | | 2,034,997 |
| 12. Surrender values and withdrawals for life contracts..... | | 4,461,966 | | 77,734 | | 4,539,700 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 6,617,225 | 0 | 107,472 | 0 | 6,724,697 |

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..... | 1 | 50,000 | | | | | | | 1 | 50,000 |
| 17. Incurred during current year..... | 1 | 100,000 | | | | | | | 1 | 100,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 2 | 150,000 | | | | | | | 2 | 150,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 2 | 150,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 150,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 2 | 150,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 150,000 |
| 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..... | 339 | 84,161,815 | (a) | | 3,527 | | | | 339 | 84,165,342 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (26) | (7,700,851) | | | .61 | | | | (26) | (7,700,790) |
| 23. In force December 31 of current year..... | 313 | 76,460,964 | 0 | 0 | 3,588 | 0 | 0 | 0 | 313 | 76,464,552 |

(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.

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 469,018 | | | | 469,018 |
| 2. Annuity considerations..... | | 26,806,439 | | 37,060 | | 26,843,499 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 27,275,457 | 0 | 37,060 | 0 | 27,312,517 |
| 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..... | | 1,400,649 | | | | 1,400,649 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 5,472,377 | | 2,858 | | 5,475,235 |
| 12. Surrender values and withdrawals for life contracts..... | | 6,020,834 | | 230,967 | | 6,251,801 |
| 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..... | | 12,893,860 | 0 | 233,826 | 0 | 13,127,685 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 5 | 1,400,649 | | | | | | | 5 | 1,400,649 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 5 | 1,400,649 | | | | | | | 5 | 1,400,649 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 5 | 1,400,649 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 1,400,649 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 5 | 1,400,649 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 1,400,649 |
| 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..... | 637 | 136,115,369 | (a) | | 234 | | | | 637 | 136,115,603 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (31) | (8,338,536) | | | 2,103 | | | | (31) | (8,336,433) |
| 23. In force December 31 of current year..... | 606 | 127,776,833 | 0 | (a) 0 | 2,337 | 0 | 0 | 0 | 606 | 127,779,170 |

(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)..... | 9,163 | 9,246 | | 7,387 | 8,778 |
| 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)..... | 9,163 | 9,246 | 0 | 7,387 | 8,778 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 9,163 | 9,246 | 0 | 7,387 | 8,778 |

(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 YORK** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 286,983 | | | | 286,983 |
| 2. Annuity considerations..... | | 18,536,273 | | 1,075 | | 18,537,348 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 18,823,256 | 0 | 1,075 | 0 | 18,824,331 |
| 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..... | | 265,283 | | 6,763 | | 272,046 |
| 10. Matured endowments..... | | 57,500 | | | | 57,500 |
| 11. Annuity benefits..... | | 5,611,676 | | 9,473 | | 5,621,148 |
| 12. Surrender values and withdrawals for life contracts..... | | 6,557,892 | | 101,749 | | 6,659,641 |
| 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..... | | 12,492,351 | 0 | 117,985 | 0 | 12,610,336 |

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..... | 1 | 5,283 | | | | | | | 1 | 5,283 |
| 17. Incurred during current year..... | 4 | 518,223 | | | 1 | 6,763 | | | 5 | 524,986 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 3 | 322,783 | | | 1 | 6,763 | | | 4 | 329,546 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 3 | 322,783 | 0 | 0 | 1 | 6,763 | 0 | 0 | 4 | 329,546 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 3 | 322,783 | 0 | 0 | 1 | 6,763 | 0 | 0 | 4 | 329,546 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 2 | 200,723 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 200,723 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 240 | 59,906,971 | (a) | | | 81,806 | | | 240 | 59,988,777 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (14) | (1,432,889) | 0 | 0 | | (20,267) | | | (14) | (1,453,156) |
| 23. In force December 31 of current year..... | 226 | 58,474,082 | 0 | 0 | | 61,539 | 0 | 0 | 226 | 58,535,621 |

(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)..... | | 7,048 | 13,671 | | 135,463 | 16,467 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | | |
| 25.4 Other accident only..... | | | | | | |
| 25.5 All other (b)..... | | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 7,048 | 13,671 | 0 | 135,463 | 16,467 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 7,048 | 13,671 | 0 | 135,463 | 16,467 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 955,324 | | | | 955,324 |
| 2. Annuity considerations..... | | 196,073,379 | | 637,105 | | 196,710,485 |
| 3. Deposit-type contract funds..... | | 721,005 | XXX | | XXX | 721,005 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 197,749,709 | 0 | 637,105 | 0 | 198,386,814 |
| 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..... | | 801,000 | | | | 801,000 |
| 10. Matured endowments..... | | 37,500 | | | | 37,500 |
| 11. Annuity benefits..... | | 36,430,429 | | 613,434 | | 37,043,863 |
| 12. Surrender values and withdrawals for life contracts..... | | 75,562,886 | | 2,792,722 | | 78,355,608 |
| 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..... | | 112,831,815 | 0 | 3,406,156 | 0 | 116,237,971 |

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..... | 2 | 6,168 | | | | | | | 2 | 6,168 |
| 17. Incurred during current year..... | 11 | 1,043,717 | | | 1 | 258 | | | 12 | 1,043,975 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 11 | 839,668 | | | | | | | 11 | 839,668 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 11 | 839,668 | 0 | 0 | 0 | 0 | 0 | 11 | 839,668 | |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 11 | 839,668 | 0 | 0 | 0 | 0 | 0 | 11 | 839,668 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 2 | 210,217 | 0 | 0 | 1 | 258 | 0 | 0 | 3 | 210,475 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,204 | 249,155,487 | (a) | | | 4,827 | | | 1,204 | 249,160,314 |
| 21. Issued during year..... | 5 | 170,000 | | | | | | | 5 | 170,000 |
| 22. Other changes to in force (Net)..... | (65) | (20,555,834) | | | | 4,055 | | | (65) | (20,551,779) |
| 23. In force December 31 of current year..... | 1,144 | 228,769,654 | 0 | (a) | 0 | 8,882 | 0 | 0 | 1,144 | 228,778,536 |

(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)..... | | 380 | 380 | | 0 |
| 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)..... | | 94,059 | 89,986 | 69,136 | 69,120 |
| 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)..... | | 94,059 | 89,986 | 69,136 | 69,120 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 94,439 | 90,366 | 69,136 | 69,121 |

(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 **OKLAHOMA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 739,701 | | | | 739,701 |
| 2. Annuity considerations..... | | 13,687,590 | | 25,771 | | 13,713,361 |
| 3. Deposit-type contract funds..... | | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 14,427,291 | 0 | 25,771 | 0 | 14,453,062 |
| 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..... | | 174,245 | | 11,536 | | 185,781 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 5,653,276 | | 18,121 | | 5,671,397 |
| 12. Surrender values and withdrawals for life contracts..... | | 6,943,242 | | 122,304 | | 7,065,547 |
| 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..... | | 12,770,763 | 0 | 151,961 | 0 | 12,922,724 |

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..... | 2 | 21,200 | | | | | | | 2 | 21,200 |
| 17. Incurred during current year..... | 8 | 171,395 | | | 4 | 12,603 | | | 12 | 183,998 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 8 | 174,245 | | | 3 | 11,536 | | | 11 | 185,781 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 8 | 174,245 | 0 | 0 | 3 | 11,536 | 0 | 0 | 11 | 185,781 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 8 | 174,245 | 0 | 0 | 3 | 11,536 | 0 | 0 | 11 | 185,781 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 2 | 18,350 | 0 | 0 | 1 | 1,067 | 0 | 0 | 3 | 19,417 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,083 | 193,454,651 | (a) | | | 156,459 | | | 1,083 | 193,611,110 |
| 21. Issued during year..... | 1 | 15,000 | | | | | | | 1 | 15,000 |
| 22. Other changes to in force (Net)..... | (66) | (8,310,161) | | | | (13,988) | | | (66) | (8,324,149) |
| 23. In force December 31 of current year..... | 1,018 | 185,159,490 | 0 | (a) | 0 | 142,471 | 0 | 0 | 1,018 | 185,301,961 |

(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)..... | | 191,786 | 192,111 | | 119,965 | 119,300 |
| 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)..... | | 191,786 | 192,111 | 0 | 119,965 | 119,300 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 191,786 | 192,111 | 0 | 119,965 | 119,300 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 178,754 | | | | 178,754 |
| 2. Annuity considerations..... | | 46,007,557 | | 2,400 | | 46,009,957 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 46,186,311 | 0 | 2,400 | 0 | 46,188,711 |
| 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..... | | 1,032,565 | | | | 1,032,565 |
| 10. Matured endowments..... | | 25,289 | | | | 25,289 |
| 11. Annuity benefits..... | | 8,758,342 | | 231,484 | | 8,989,826 |
| 12. Surrender values and withdrawals for life contracts..... | | 20,256,897 | | 303,958 | | 20,560,855 |
| 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..... | | 30,073,093 | 0 | 535,441 | 0 | 30,608,534 |

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..... | 14 | 26,586 | | | | | | | 14 | 26,586 |
| 17. Incurred during current year..... | 330 | 1,129,815 | | | | | | | 330 | 1,129,815 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 315 | 1,057,854 | | | | | | | 315 | 1,057,854 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 315 | 1,057,854 | 0 | 0 | 0 | 0 | 0 | 315 | 1,057,854 | |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 315 | 1,057,854 | 0 | 0 | 0 | 0 | 0 | 315 | 1,057,854 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 29 | 98,547 | 0 | 0 | 0 | 0 | 0 | 29 | 98,547 | |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 4,600 | 65,290,920 | (a) | | 13,981 | | | 4,600 | 65,304,901 | |
| 21. Issued during year..... | | | | | | | | 0 | 0 | |
| 22. Other changes to in force (Net)..... | (404) | (7,927,388) | 0 | 0 | 139 | | | (404) | (7,927,249) | |
| 23. In force December 31 of current year..... | 4,196 | 57,363,533 | (a) | 0 | 14,120 | 0 | 0 | 4,196 | 57,377,653 | |

(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)..... | | 4,962 | 4,962 | | | 8 |
| 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)..... | | 72,903 | 75,131 | | 77,048 | 58,969 |
| 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)..... | | 72,903 | 75,131 | 0 | 77,048 | 58,969 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 77,865 | 80,093 | 0 | 77,048 | 58,977 |

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 59,495 | | | | 59,495 |
| 2. Annuity considerations..... | | 223,942 | | | | 223,942 |
| 3. Deposit-type contract funds..... | | XXX | | | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 283,437 | 0 | 0 | 0 | 283,437 |
| 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 |
| 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 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits..... | | 47,277 | | | | 47,277 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 1,801,502 | | 78,560 | | 1,880,062 |
| 12. Surrender values and withdrawals for life contracts..... | | 655,945 | | 16,755 | | 672,700 |
| 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..... | | 2,504,724 | 0 | 95,316 | 0 | 2,600,039 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 2 | 53,193 | | | | | | | 2 | 53,193 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 47,277 | | | | | | | 1 | 47,277 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 47,277 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 47,277 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 47,277 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 47,277 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 5,916 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,916 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .43 | 15,960,106 | (a) | 6 | 73,579 | | | | .49 | 16,033,685 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (10) | (1,831,471) | 0 | 6 | 73,579 | 0 | 0 | | (10) | (1,831,471) |
| 23. In force December 31 of current year..... | .33 | 14,128,635 | 0 | 6 | 73,579 | 0 | 0 | | .39 | 14,202,214 |

(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 |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| | | | 3 Dividends Paid Or Credited on Direct Business | | |
| 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 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 1,634,180 | | | | 1,634,180 |
| 2. Annuity considerations..... | | 241,355,349 | | 40,743 | | 241,396,092 |
| 3. Deposit-type contract funds..... | | 971,352 | XXX | | XXX | 971,352 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 243,960,881 | 0 | 40,743 | 0 | 244,001,624 |
| 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..... | | 3,050,284 | | 1,876 | | 3,052,160 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 31,080,427 | | 44,731 | | 31,125,157 |
| 12. Surrender values and withdrawals for life contracts..... | | 76,368,461 | | 547,368 | | 76,915,828 |
| 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..... | | 110,499,171 | 0 | 593,974 | 0 | 111,093,145 |

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..... | 7 | 755,000 | | | | | | | 7 | 755,000 |
| 17. Incurred during current year..... | 24 | 2,600,899 | | | | | | | 24 | 2,600,899 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 27 | 3,051,324 | | | | | | | 27 | 3,051,324 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 27 | 3,051,324 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | 3,051,324 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | 1 | 250,000 | | | | | | | 1 | 250,000 |
| 18.6 Total settlements..... | 28 | 3,301,324 | 0 | 0 | 0 | 0 | 0 | 0 | 28 | 3,301,324 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 3 | 54,575 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 54,575 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 2,427 | 535,573,911 | (a) | | 24,753 | | | | 2,427 | 535,598,664 |
| 21. Issued during year..... | 5 | 112,500 | | | | | | | 5 | 112,500 |
| 22. Other changes to in force (Net)..... | (178) | (42,045,547) | 0 | 0 | 218 | | | | (178) | (42,045,329) |
| 23. In force December 31 of current year..... | 2,254 | 493,640,864 | 0 | 0 | 24,971 | 0 | 0 | 0 | 2,254 | 493,665,835 |

(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)..... | | 46,706 | 44,688 | | 29,275 | 28,928 |
| 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)..... | | 46,706 | 44,688 | 0 | 29,275 | 28,928 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 46,706 | 44,688 | 0 | 29,275 | 28,928 |

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 2,090 | | | | 2,090 |
| 2. Annuity considerations..... | | | | | | 0 |
| 3. Deposit-type contract funds..... | | | XXX | | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 2,090 | 0 | 0 | 0 | 2,090 |
| 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..... | | 6,000 | | | | 6,000 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | 46,398 | | 848 | | 47,246 |
| 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..... | | 52,398 | 0 | 848 | 0 | 53,246 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 1 | 6,000 | | | | | | | 1 | 6,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 6,000 | | | | | | | 1 | 6,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 6,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 6,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6,000 |
| 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..... | 10 | 289,000 | (a) | | | | | | 10 | 289,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (3) | (106,000) | | | | | | | (3) | (106,000) |
| 23. In force December 31 of current year..... | 7 | 183,000 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 183,000 |

(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..... | | | | | | |
| Other Individual Policies: | | NONE | | | | |
| 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 **RHODE ISLAND** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 99,954 | | | | 99,954 |
| 2. Annuity considerations..... | | 27,287,505 | | 977,173 | | 28,264,678 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 27,387,458 | 0 | 977,173 | 0 | 28,364,631 |
| 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..... | | | | | | 0 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 4,413,536 | | 42,254 | | 4,455,790 |
| 12. Surrender values and withdrawals for life contracts..... | | 6,798,514 | | 940,304 | | 7,738,818 |
| 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..... | | 11,212,050 | 0 | 982,558 | 0 | 12,194,608 |

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..... | | | | | | | | | 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..... | 134 | 23,672,194 | (a) | | 32,482 | | | | 134 | 23,704,676 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (5) | (949,883) | | | (7,702) | | | | (5) | (957,585) |
| 23. In force December 31 of current year..... | 129 | 22,722,312 | 0 | (a) | 24,780 | 0 | 0 | 0 | 129 | 22,747,092 |

(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)..... | | 9,244 | 9,257 | | (122) | 184,544 |
| 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)..... | | 9,244 | 9,257 | 0 | (122) | 184,544 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 9,244 | 9,257 | 0 | (122) | 184,544 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 632,889 | | | | 632,889 |
| 2. Annuity considerations..... | | 96,536,758 | | 50,101 | | 96,586,859 |
| 3. Deposit-type contract funds..... | | 1,325,533 | XXX | | XXX | 1,325,533 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 98,495,180 | 0 | 50,101 | 0 | 98,545,281 |
| 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..... | | 682,210 | | | | 682,210 |
| 10. Matured endowments..... | | 12,800 | | | | 12,800 |
| 11. Annuity benefits..... | | 13,316,375 | | 69,198 | | 13,385,573 |
| 12. Surrender values and withdrawals for life contracts..... | | 30,470,442 | | 113,890 | | 30,584,333 |
| 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..... | | 44,481,827 | 0 | 183,089 | 0 | 44,664,915 |

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..... | 1 | 100,000 | | | | | | | 1 | 100,000 |
| 17. Incurred during current year..... | 16 | 605,010 | | | | | | | 16 | 605,010 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 16 | 695,010 | | | | | | | 16 | 695,010 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 16 | 695,010 | 0 | 0 | 0 | 0 | 0 | 16 | 695,010 | |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 16 | 695,010 | 0 | 0 | 0 | 0 | 0 | 16 | 695,010 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 | |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .832 | 147,262,945 | (a) | | 31,166 | | | .832 | 147,294,111 | |
| 21. Issued during year..... | | | | | | | | 0 | 0 | |
| 22. Other changes to in force (Net)..... | (.59) | (12,724,227) | | | 3,351 | | | (.59) | (12,720,876) | |
| 23. In force December 31 of current year..... | .773 | 134,538,718 | 0 | (a) 0 | 34,517 | 0 | 0 | .773 | 134,573,235 | |

(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)..... | | 588,022 | 584,876 | | 276,777 | 272,110 |
| 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)..... | | 588,022 | 584,876 | 0 | 276,777 | 272,110 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 588,022 | 584,876 | 0 | 276,777 | 272,110 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 65,311 | | | | 65,311 |
| 2. Annuity considerations..... | | 9,276,119 | | 891,937 | | 10,168,056 |
| 3. Deposit-type contract funds..... | | 18,378 | XXX | | XXX | 18,378 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 9,359,809 | 0 | 891,937 | 0 | 10,251,746 |
| 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..... | | | | | | 0 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 873,446 | | 47,150 | | 920,597 |
| 12. Surrender values and withdrawals for life contracts..... | | 852,102 | | 98,614 | | 950,716 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 1,725,548 | 0 | 145,764 | 0 | 1,871,312 |

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..... | | | | | | | | | 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..... | .88 | 20,849,744 | (a) | | | | | | .88 | 20,849,744 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (.5) | (2,431,025) | 0 | (a) | 0 | 0 | 0 | 0 | (.5) | (2,431,025) |
| 23. In force December 31 of current year..... | .83 | 18,418,719 | 0 | (a) | 0 | 0 | 0 | 0 | .83 | 18,418,719 |

(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)..... | | 3,592 | 10,527 | | 6,935 |
| 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)..... | | 3,592 | 10,527 | 0 | 6,935 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 3,592 | 10,527 | 0 | 6,935 |

(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 **TENNESSEE** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 709,502 | | | | 709,502 |
| 2. Annuity considerations..... | | 166,475,342 | | 58,791 | | 166,534,133 |
| 3. Deposit-type contract funds..... | | 79,286 | XXX | | XXX | 79,286 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 167,264,129 | 0 | 58,791 | 0 | 167,322,920 |
| 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..... | | 259,933 | | 599,920 | | 859,853 |
| 10. Matured endowments..... | | 21,700 | | | | 21,700 |
| 11. Annuity benefits..... | | 18,688,814 | | 257,384 | | 18,946,197 |
| 12. Surrender values and withdrawals for life contracts..... | | 40,559,781 | | 355,246 | | 40,915,026 |
| 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..... | | 59,530,227 | 0 | 1,212,549 | 0 | 60,742,777 |

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..... | 2 | 238,412 | | | 7 | 37,354 | | | 9 | 275,766 |
| 17. Incurred during current year..... | 11 | 199,721 | | | 96 | 568,700 | | | 107 | 768,421 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 10 | 281,633 | | | 99 | 599,920 | | | 109 | 881,553 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 10 | 281,633 | 0 | 0 | 99 | 599,920 | 0 | 0 | 109 | 881,553 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 10 | 281,633 | 0 | 0 | 99 | 599,920 | 0 | 0 | 109 | 881,553 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 3 | 156,500 | 0 | 0 | 4 | 6,134 | 0 | 0 | 7 | 162,634 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .993 | 270,395,921 | (a) | | | 7,274,917 | | | .993 | 277,670,838 |
| 21. Issued during year..... | 1 | 31,500 | | | | | | | 1 | 31,500 |
| 22. Other changes to in force (Net)..... | (63) | (15,238,288) | | | | (580,433) | | | (63) | (15,818,721) |
| 23. In force December 31 of current year..... | .931 | 255,189,133 | 0 | (a) | 0 | 6,694,484 | 0 | 0 | .931 | 261,883,617 |

(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)..... | | 419,283 | 439,089 | | 384,612 | 266,599 |
| 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)..... | | 419,283 | 439,089 | 0 | 384,612 | 266,599 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 419,283 | 439,089 | 0 | 384,612 | 266,599 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 3,937,958 | | | | 3,937,958 |
| 2. Annuity considerations..... | | 196,163,810 | | 750,107 | | 196,913,917 |
| 3. Deposit-type contract funds..... | | 714,837 | XXX | | XXX | 714,837 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 200,816,604 | 0 | 750,107 | 0 | 201,566,711 |
| 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..... | | 5,124,238 | | 18,347 | | 5,142,585 |
| 10. Matured endowments..... | | 674,000 | | | | 674,000 |
| 11. Annuity benefits..... | | 29,074,969 | | 306,256 | | 29,381,224 |
| 12. Surrender values and withdrawals for life contracts..... | | 52,856,609 | | 4,637,940 | | 57,494,550 |
| 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..... | | 87,729,816 | 0 | 4,962,543 | 0 | 92,692,359 |

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..... | 11 | 1,040,610 | | | | | | | 11 | 1,040,610 |
| 17. Incurred during current year..... | 47 | 5,423,270 | | | 3 | 18,347 | | | 50 | 5,441,617 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 48 | 5,798,238 | | | 3 | 18,347 | | | 51 | 5,816,585 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 48 | 5,798,238 | 0 | 0 | 3 | 18,347 | 0 | 0 | 51 | 5,816,585 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 48 | 5,798,238 | 0 | 0 | 3 | 18,347 | 0 | 0 | 51 | 5,816,585 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 10 | 665,641 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 665,641 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 4,922 | 1,119,162,209 | (a) | | | 140,404 | | | 4,922 | 1,119,302,613 |
| 21. Issued during year..... | 6 | 150,000 | | | | | | | 6 | 150,000 |
| 22. Other changes to in force (Net)..... | (362) | (89,922,036) | | | | 10,179 | | | (362) | (89,911,857) |
| 23. In force December 31 of current year..... | 4,566 | 1,029,390,173 | 0 | (a) 0 | 0 | 150,583 | 0 | 0 | 4,566 | 1,029,540,756 |

(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)..... | | 276,829 | 276,391 | | 253,726 | 247,143 |
| 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)..... | | 276,829 | 276,391 | 0 | 253,726 | 247,143 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 276,829 | 276,391 | 0 | 253,726 | 247,143 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 176,959 | | | | 176,959 |
| 2. Annuity considerations..... | | 55,403,761 | | | | 55,403,761 |
| 3. Deposit-type contract funds..... | | 38,761 | XXX | | XXX | 38,761 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 55,619,481 | 0 | 0 | 0 | 55,619,481 |
| 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..... | | 30,388 | | | | 30,388 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 11,265,371 | | | | 11,265,371 |
| 12. Surrender values and withdrawals for life contracts..... | | 19,601,199 | | 27,443 | | 19,628,643 |
| 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..... | | 30,896,959 | 0 | 27,443 | 0 | 30,924,402 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 2 | 30,388 | | | | | | | 2 | 30,388 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 2 | 30,388 | | | | | | | 2 | 30,388 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 2 | 30,388 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 30,388 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 2 | 30,388 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 30,388 |
| 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..... | 245 | 69,802,150 | (a) | | | | | | 245 | 69,802,150 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (16) | (2,662,114) | 0 | 0 | 0 | 0 | 0 | 0 | (16) | (2,662,114) |
| 23. In force December 31 of current year..... | 229 | 67,140,035 | 0 | 0 | 0 | 0 | 0 | 0 | 229 | 67,140,035 |

(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 |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| | | | 3 Dividends Paid Or Credited on Direct Business | | |
| 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)..... | | 61,564 | 61,209 | | 27,911 |
| 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)..... | | 61,564 | 61,209 | 0 | 27,911 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 61,564 | 61,209 | 0 | 27,911 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 1,467,332 | | | | 1,467,332 |
| 2. Annuity considerations..... | | 139,812,078 | | 30,783 | | 139,842,861 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 141,279,409 | 0 | 30,783 | 0 | 141,310,193 |
| 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..... | | 2,790,805 | | 5,867 | | 2,796,672 |
| 10. Matured endowments..... | | 106,200 | | | | 106,200 |
| 11. Annuity benefits..... | | 16,044,693 | | 92,911 | | 16,137,604 |
| 12. Surrender values and withdrawals for life contracts..... | | 27,347,206 | | 539,835 | | 27,887,041 |
| 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..... | | 46,288,904 | 0 | 638,613 | 0 | 46,927,517 |

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..... | 5 | 1,161,431 | | | | | | | 5 | 1,161,431 |
| 17. Incurred during current year..... | 26 | 1,904,627 | | | 1 | 4,699 | | | 27 | 1,909,326 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 27 | 2,897,005 | | | 1 | 4,699 | | | 28 | 2,901,704 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 27 | 2,897,005 | 0 | 0 | 1 | 4,699 | 0 | 0 | 28 | 2,901,704 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 27 | 2,897,005 | 0 | 0 | 1 | 4,699 | 0 | 0 | 28 | 2,901,704 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 4 | 169,053 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 169,053 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,999 | 452,823,425 | (a) | | | 79,980 | | | 1,999 | 452,903,405 |
| 21. Issued during year..... | | 10,000 | | | | | | | 0 | 10,000 |
| 22. Other changes to in force (Net)..... | (137) | (31,931,200) | | | | 1,628 | | | (137) | (31,929,572) |
| 23. In force December 31 of current year..... | 1,862 | 420,902,225 | 0 | (a) | 0 | 81,608 | 0 | 0 | 1,862 | 420,983,833 |

(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)..... | | 5,216 | 5,216 | | | 8 |
| 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)..... | | 221,996 | 239,945 | | 259,592 | 541,018 |
| 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)..... | | 221,996 | 239,945 | 0 | 259,592 | 541,018 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 227,212 | 245,161 | 0 | 259,592 | 541,027 |

(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 U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 4,243 | | | | 4,243 |
| 2. Annuity considerations..... | | | | | | 0 |
| 3. Deposit-type contract funds..... | | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 4,243 | 0 | 0 | 0 | 4,243 |
| 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..... | | | | | | 0 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | 1,875 | | 25,000 | | 26,875 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 1,875 | 0 | 25,000 | 0 | 26,875 |

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..... | | | | | | | | | 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..... | 4 | 1,525,000 | (a) | | | | | | 4 | 1,525,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | 1 | .50,000 | 0 | 0 | 0 | 0 | 0 | 1 | .50,000 | |
| 23. In force December 31 of current year..... | 5 | 1,575,000 | 0 | (a) | 0 | 0 | 0 | 5 | 1,575,000 | |

(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..... | | | | | | |
| Other Individual Policies: | | NONE | | | | |
| 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 **VERMONT** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 47,741 | | | | 47,741 |
| 2. Annuity considerations..... | | 6,345,586 | | 50,750 | | 6,396,336 |
| 3. Deposit-type contract funds..... | | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 6,393,326 | 0 | 50,750 | 0 | 6,444,077 |
| 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 |
| 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 |
| 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..... | | 1,058,710 | | 61,544 | | 1,120,254 |
| 12. Surrender values and withdrawals for life contracts..... | | 2,107,036 | | 32,431 | | 2,139,467 |
| 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..... | | 3,165,746 | 0 | 93,975 | 0 | 3,259,721 |

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..... | 1 | 2,000 | | | | | | | 1 | 2,000 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 2,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .86 | 16,936,810 | (a) | | 3,851 | | | | .86 | 16,940,661 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (.5) | (1,612,009) | 0 | (a) | .38 | | | | (.5) | (1,611,971) |
| 23. In force December 31 of current year..... | .81 | 15,324,800 | 0 | 0 | 3,889 | 0 | 0 | 0 | .81 | 15,328,689 |

(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)..... | | 18,900 | 18,899 | | | (10) |
| 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)..... | | 18,900 | 18,899 | 0 | 0 | (10) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 18,900 | 18,899 | 0 | 0 | (10) |

(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 **WASHINGTON** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 633,187 | | | | 633,187 |
| 2. Annuity considerations..... | | 109,992,524 | | 251,086 | | 110,243,610 |
| 3. Deposit-type contract funds..... | | 435,098 | XXX | | XXX | 435,098 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 111,060,809 | 0 | 251,086 | 0 | 111,311,895 |
| 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..... | | 744,471 | | | | 744,471 |
| 10. Matured endowments..... | | 4,113 | | | | 4,113 |
| 11. Annuity benefits..... | | 26,190,591 | | 852,303 | | 27,042,894 |
| 12. Surrender values and withdrawals for life contracts..... | | 69,963,796 | | 1,496,685 | | 71,460,480 |
| 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..... | | 96,902,971 | 0 | 2,348,987 | 0 | 99,251,958 |

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..... | 2 | 1,334 | | | | | | | 2 | 1,334 |
| 17. Incurred during current year..... | 20 | 769,959 | | | | | | | 20 | 769,959 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 17 | 748,584 | | | | | | | 17 | 748,584 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 17 | 748,584 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 748,584 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 17 | 748,584 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 748,584 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 5 | 22,709 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 22,709 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .968 | 173,139,667 | (a) | | 16,112 | | | | .968 | 173,155,779 |
| 21. Issued during year..... | 1 | 10,000 | | | | | | | 1 | 10,000 |
| 22. Other changes to in force (Net)..... | (73) | (15,080,890) | 0 | 0 | 160 | | | | (73) | (15,080,730) |
| 23. In force December 31 of current year..... | .896 | 158,068,777 | 0 | 0 | 16,272 | 0 | 0 | 0 | .896 | 158,085,049 |

(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)..... | | 208,191 | 217,307 | | 30,706 | 54,374 |
| 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)..... | | 208,191 | 217,307 | 0 | 30,706 | 54,374 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 208,191 | 217,307 | 0 | 30,706 | 54,374 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 376,945 | | | | 376,945 |
| 2. Annuity considerations..... | | 73,415,061 | | 6,923 | | 73,421,984 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 73,792,006 | 0 | 6,923 | 0 | 73,798,929 |
| 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..... | | 284,595 | | | | 284,595 |
| 10. Matured endowments..... | | 107,200 | | | | 107,200 |
| 11. Annuity benefits..... | | 9,680,135 | | | | 9,680,135 |
| 12. Surrender values and withdrawals for life contracts..... | | 22,919,831 | | 33,371 | | 22,953,202 |
| 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..... | | 32,991,761 | 0 | 33,371 | 0 | 33,025,132 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 10 | 391,795 | | | | | | | 10 | 391,795 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 10 | 391,795 | | | | | | | 10 | 391,795 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 10 | 391,795 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 391,795 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 10 | 391,795 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 391,795 |
| 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..... | .585 | 116,803,512 | (a) | | | | | | .585 | 116,803,512 |
| 21. Issued during year..... | 1 | 50,000 | | | | | | | 1 | 50,000 |
| 22. Other changes to in force (Net)..... | (65) | (20,371,537) | 0 | 0 | 0 | 0 | 0 | 0 | (65) | (20,371,537) |
| 23. In force December 31 of current year..... | .521 | 96,481,975 | 0 | 0 | 0 | 0 | 0 | 0 | .521 | 96,481,975 |

(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)..... | | 65,104 | 61,286 | | |
| 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)..... | | 309,699 | 314,360 | 138,795 | 216,654 |
| 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)..... | | 309,699 | 314,360 | 138,795 | 216,654 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 374,804 | 375,646 | 138,795 | 217,219 |

(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.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 140,229 | | | | 140,229 |
| 2. Annuity considerations..... | | 22,297,380 | | | | 22,297,380 |
| 3. Deposit-type contract funds..... | | XXX | | | XXX | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 22,437,609 | 0 | 0 | 0 | 22,437,609 |
| 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..... | | 1,449 | | | | 1,449 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 2,076,893 | | | | 2,076,893 |
| 12. Surrender values and withdrawals for life contracts..... | | 4,286,194 | | 33,280 | | 4,319,474 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | | 0 |
| 15. Totals..... | | 6,364,536 | 0 | 33,280 | 0 | 6,397,816 |

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..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 1 | 1,449 | | | | | | | 1 | 1,449 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 1,449 | | | | | | | 1 | 1,449 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 1,449 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,449 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 1,449 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,449 |
| 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..... | 125 | 20,837,461 | (a) | | | | | | 125 | 20,837,461 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (4) | (1,248,408) | 0 | (a) | 0 | 0 | 0 | 0 | (4) | (1,248,408) |
| 23. In force December 31 of current year..... | 121 | 19,589,052 | 0 | (a) | 0 | 0 | 0 | 0 | 121 | 19,589,052 |

(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)..... | | 8,344 | 8,341 | | 8,135 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | | 8,344 | 8,341 | 0 | 8,135 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | | 8,344 | 8,341 | 0 | 8,135 |

(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 **WYOMING** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

| | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | | |
| 1. Life insurance..... | | 35,661 | | | | 35,661 |
| 2. Annuity considerations..... | | 4,310,717 | | | | 4,310,717 |
| 3. Deposit-type contract funds..... | | XXX | | | | 0 |
| 4. Other considerations..... | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | | 4,346,378 | 0 | 0 | 0 | 4,346,378 |
| 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..... | | | | | | 0 |
| 10. Matured endowments..... | | | | | | 0 |
| 11. Annuity benefits..... | | 485,134 | | | | 485,134 |
| 12. Surrender values and withdrawals for life contracts..... | | 1,693,217 | | 727 | | 1,693,943 |
| 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..... | | 2,178,351 | 0 | 727 | 0 | 2,179,078 |

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..... | | | | | | | | | 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..... | .55 | 11,917,171 | (a) | | 6,902 | | | | .55 | 11,924,073 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (.4) | (699,948) | 0 | (a) | .70 | | | | (.4) | (699,878) |
| 23. In force December 31 of current year..... | .51 | 11,217,223 | 0 | 0 | 6,972 | 0 | 0 | 0 | .51 | 11,224,195 |

(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 | 16 | 16 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 0 | 0 | 0 | 16 | 16 |

(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.

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | 1 Amount |
|--|-------------|
| 1. Reserve as of December 31, prior year..... | 71,284,054 |
| 2. Current year's realized pre-tax capital gains/(losses) of \$....(2,070,716) transferred into the reserve net of taxes of \$....(724,751)..... | (1,345,965) |
| 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)..... | 69,938,089 |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)..... | 17,735,260 |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5)..... | 52,202,829 |

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..... | 17,540,050 | 195,210 | | 17,735,260 |
| 2. 2018..... | 13,037,660 | 428,431 | | 13,466,091 |
| 3. 2019..... | 9,318,383 | 63,482 | | 9,381,865 |
| 4. 2020..... | 6,446,621 | (122,248) | | 6,324,373 |
| 5. 2021..... | 4,344,355 | (320,181) | | 4,024,174 |
| 6. 2022..... | 3,119,394 | (528,201) | | 2,591,193 |
| 7. 2023..... | 2,444,134 | (558,098) | | 1,886,036 |
| 8. 2024..... | 1,984,093 | (420,544) | | 1,563,549 |
| 9. 2025..... | 1,666,643 | (275,400) | | 1,391,243 |
| 10. 2026..... | 1,403,855 | (121,366) | | 1,282,489 |
| 11. 2027..... | 1,248,290 | 41,203 | | 1,289,493 |
| 12. 2028..... | 1,153,267 | 115,617 | | 1,268,884 |
| 13. 2029..... | 1,064,109 | 99,956 | | 1,164,065 |
| 14. 2030..... | 976,585 | 84,913 | | 1,061,498 |
| 15. 2031..... | 891,473 | 68,555 | | 960,028 |
| 16. 2032..... | 803,980 | 53,881 | | 857,861 |
| 17. 2033..... | 743,919 | 35,997 | | 779,916 |
| 18. 2034..... | 654,485 | 17,901 | | 672,386 |
| 19. 2035..... | 554,496 | (2,337) | | 552,159 |
| 20. 2036..... | 467,061 | (22,943) | | 444,118 |
| 21. 2037..... | 393,563 | (42,294) | | 351,269 |
| 22. 2038..... | 321,031 | (47,903) | | 273,128 |
| 23. 2039..... | 249,654 | (39,032) | | 210,622 |
| 24. 2040..... | 187,326 | (27,500) | | 159,826 |
| 25. 2041..... | 137,395 | (16,855) | | 120,540 |
| 26. 2042..... | 112,074 | (6,209) | | 105,865 |
| 27. 2043..... | 15,506 | | | 15,506 |
| 28. 2044..... | 4,652 | | | 4,652 |
| 29. 2045..... | | | | 0 |
| 30. 2046..... | | | | 0 |
| 31. 2047 and Later..... | | | | 0 |
| 32. Total (Lines 1 to 31)..... | 71,284,054 | (1,345,965) | 0 | 69,938,089 |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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..... | 111,901,430 | 8,328,339 | 120,229,768 | 63,500,794 | 61,458,973 | 124,959,767 | 245,189,536 |
| 2. Realized capital gains/(losses) net of taxes - General Account..... | (13,709,508) | (118,686) | (13,828,194) | (4,944,473) | (2,678,305) | (7,622,778) | (21,450,972) |
| 3. Realized capital gains/(losses) net of taxes - Separate Accounts..... | | | .0 | | | .0 | .0 |
| 4. Unrealized capital gains/(losses) - net of deferred taxes - General Account..... | 462,674 | | 462,674 | 37,561,536 | (1,533,189) | 36,028,347 | 36,491,021 |
| 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..... | 31,453,508 | 1,974,068 | 33,427,576 | | 196,975 | 196,975 | 33,624,551 |
| 8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)..... | 130,108,104 | 10,183,721 | 140,291,824 | 96,117,857 | 57,444,454 | 153,562,311 | 293,854,136 |
| 9. Maximum reserve..... | 167,549,019 | 8,342,996 | 175,892,015 | 93,776,919 | 91,945,446 | 185,722,365 | 361,614,380 |
| 10. Reserve objective..... | 118,129,040 | 6,403,388 | 124,532,428 | 93,645,819 | 91,653,532 | 185,299,351 | 309,831,779 |
| 11. 20% of (Line 10 minus Line 8)..... | (2,395,813) | (756,067) | (3,151,879) | (494,408) | 6,841,816 | 6,347,408 | 3,195,529 |
| 12. Balance before transfers (Lines 8 + 11)..... | 127,712,291 | 9,427,654 | 137,139,945 | 95,623,450 | 64,286,270 | 159,909,719 | 297,049,664 |
| 13. Transfers..... | 1,084,658 | (1,084,658) | .0 | (1,846,531) | 1,846,531 | .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)..... | 128,796,949 | 8,342,996 | 137,139,945 | 93,776,919 | 66,132,801 | 159,909,719 | 297,049,664 |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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) | Factor | Amount (Cols. 4 x 5) | Factor | Amount (Cols. 4 x 7) | Factor | Amount (Cols. 4 x 9) |
| LONG-TERM BONDS | | | | | | | | | | | | |
| 1 | | Exempt obligations..... | 18,386,011 | XXX..... | XXX..... | 18,386,011 | 0.0000 | 0.....0 | 0.0000 | 0.....0 | 0.0000 | 0.....0 |
| 2 | 1 | Highest quality..... | 18,131,048,021 | XXX..... | XXX..... | 18,131,048,021 | 0.0004 | 7,252,419.....0 | 0.0023 | .41,701,410.....0 | 0.0030 | 54,393,144.....0 |
| 3 | 2 | High quality..... | 8,360,050,807 | XXX..... | XXX..... | 8,360,050,807 | 0.0019 | 15,884,097.....0 | 0.0058 | .48,488,295.....0 | 0.0090 | 75,240,457.....0 |
| 4 | 3 | Medium quality..... | 442,065,251 | XXX..... | XXX..... | 442,065,251 | 0.0093 | 4,111,207.....0 | 0.0230 | .10,167,501.....0 | 0.0340 | 15,030,219.....0 |
| 5 | 4 | Low quality..... | 113,719,476 | XXX..... | XXX..... | 113,719,476 | 0.0213 | 2,422,225.....0 | 0.0530 | .6,027,132.....0 | 0.0750 | .8,528,961.....0 |
| 6 | 5 | Lower quality..... | 17,608,390 | XXX..... | XXX..... | 17,608,390 | 0.0432 | .760,682.....0 | 0.1100 | .1,936,923.....0 | 0.1700 | .2,993,426.....0 |
| 7 | 6 | In or near default..... | 29,823,801 | XXX..... | XXX..... | 29,823,801 | 0.0000 | 0.....0 | 0.2000 | .5,964,760.....0 | 0.2000 | .5,964,760.....0 |
| 8 | | Total unrated multi-class securities acquired by conversion..... | | XXX..... | XXX..... | 0.....0 | XXX.....0 | XXX.....0 | XXX.....0 | XXX.....0 | XXX.....0 | |
| 9 | | Total long-term bonds (sum of Lines 1 through 8)..... | 27,112,701,757 | XXX..... | XXX..... | 27,112,701,757 | XXX..... | 30,430,630.....0 | XXX..... | 114,286,021.....0 | XXX..... | 162,150,967.....0 |
| PREFERRED STOCKS | | | | | | | | | | | | |
| 10 | 1 | Highest quality..... | 10,000,039 | XXX..... | XXX..... | 10,000,039 | 0.0004 | 4,000.....0 | 0.0023 | .23,000.....0 | 0.0030 | .30,000.....0 |
| 11 | 2 | High quality..... | 93,027,270 | XXX..... | XXX..... | 93,027,270 | 0.0019 | 176,752.....0 | 0.0058 | .539,558.....0 | 0.0090 | .837,245.....0 |
| 12 | 3 | Medium quality..... | 1,000,000 | XXX..... | XXX..... | 1,000,000 | 0.0093 | 9,300.....0 | 0.0230 | .23,000.....0 | 0.0340 | .34,000.....0 |
| 13 | 4 | Low quality..... | 6,112,118 | XXX..... | XXX..... | 6,112,118 | 0.0213 | 130,188.....0 | 0.0530 | .323,942.....0 | 0.0750 | .458,409.....0 |
| 14 | 5 | Lower quality..... | 7,996,036 | XXX..... | XXX..... | 7,996,036 | 0.0432 | .345,429.....0 | 0.1100 | .879,564.....0 | 0.1700 | .1,359,326.....0 |
| 15 | 6 | In or near default..... | | XXX..... | XXX..... | 0.....0 | 0.0000 | 0.....0 | 0.2000 | 0.....0 | 0.2000 | 0.....0 |
| 16 | | Affiliated life with AVR..... | | XXX..... | XXX..... | 0.....0 | 0.0000 | 0.....0 | 0.0000 | 0.....0 | 0.0000 | 0.....0 |
| 17 | | Total preferred stocks (sum of Lines 10 through 16)..... | 118,135,463 | XXX..... | XXX..... | 118,135,463 | XXX..... | .665,669.....0 | XXX..... | 1,789,065.....0 | XXX..... | 2,718,981.....0 |
| SHORT-TERM BONDS | | | | | | | | | | | | |
| 18 | | Exempt obligations..... | | XXX..... | XXX..... | 0.....0 | 0.0000 | 0.....0 | 0.0000 | 0.....0 | 0.0000 | 0.....0 |
| 19 | 1 | Highest quality..... | 209,625,753 | XXX..... | XXX..... | 209,625,753 | 0.0004 | .83,850.....0 | 0.0023 | .482,139.....0 | 0.0030 | .628,877.....0 |
| 20 | 2 | High quality..... | | XXX..... | XXX..... | 0.....0 | 0.0019 | 0.....0 | 0.0058 | 0.....0 | 0.0090 | 0.....0 |
| 21 | 3 | Medium quality..... | | XXX..... | XXX..... | 0.....0 | 0.0093 | 0.....0 | 0.0230 | 0.....0 | 0.0340 | 0.....0 |
| 22 | 4 | Low quality..... | | XXX..... | XXX..... | 0.....0 | 0.0213 | 0.....0 | 0.0530 | 0.....0 | 0.0750 | 0.....0 |
| 23 | 5 | Lower quality..... | | XXX..... | XXX..... | 0.....0 | 0.0432 | 0.....0 | 0.1100 | 0.....0 | 0.1700 | 0.....0 |
| 24 | 6 | In or near default..... | | XXX..... | XXX..... | 0.....0 | 0.0000 | 0.....0 | 0.2000 | 0.....0 | 0.2000 | 0.....0 |
| 25 | | Total short-term bonds (sum of Lines 18 through 24)..... | 209,625,753 | XXX..... | XXX..... | 209,625,753 | XXX..... | .83,850.....0 | XXX..... | .482,139.....0 | XXX..... | .628,877.....0 |
| DERIVATIVE INSTRUMENTS | | | | | | | | | | | | |
| 26 | | Exchange traded..... | | XXX..... | XXX..... | 0.....0 | 0.0004 | 0.....0 | 0.0023 | 0.....0 | 0.0030 | 0.....0 |
| 27 | 1 | Highest quality..... | 683,398,322 | XXX..... | XXX..... | 683,398,322 | 0.0004 | .273,359.....0 | 0.0023 | .1,571,816.....0 | 0.0030 | .2,050,195.....0 |
| 28 | 2 | High quality..... | | XXX..... | XXX..... | 0.....0 | 0.0019 | 0.....0 | 0.0058 | 0.....0 | 0.0090 | 0.....0 |
| 29 | 3 | Medium quality..... | | XXX..... | XXX..... | 0.....0 | 0.0093 | 0.....0 | 0.0230 | 0.....0 | 0.0340 | 0.....0 |
| 30 | 4 | Low quality..... | | XXX..... | XXX..... | 0.....0 | 0.0213 | 0.....0 | 0.0530 | 0.....0 | 0.0750 | 0.....0 |
| 31 | 5 | Lower quality..... | | XXX..... | XXX..... | 0.....0 | 0.0432 | 0.....0 | 0.1100 | 0.....0 | 0.1700 | 0.....0 |
| 32 | 6 | In or near default..... | | XXX..... | XXX..... | 0.....0 | 0.0000 | 0.....0 | 0.2000 | 0.....0 | 0.2000 | 0.....0 |
| 33 | | Total derivative instruments..... | 683,398,322 | XXX..... | XXX..... | 683,398,322 | XXX..... | .273,359.....0 | XXX..... | .1,571,816.....0 | XXX..... | .2,050,195.....0 |
| 34 | | Total (Lines 9 + 17 + 25 + 33)..... | 28,123,861,294 | XXX..... | XXX..... | 28,123,861,294 | XXX..... | .31,453,508.....0 | XXX..... | .118,129,041.....0 | XXX..... | .167,549,020.....0 |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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..... | 177,721,318 | XXX..... | 177,721,318 | 0.0013 | .231,038 | 0.0030 | .533,164 | 0.0040 | .710,885 | |
| 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..... | 415,750,616 | XXX..... | 415,750,616 | 0.0010 | .415,751 | 0.0050 | .2,078,753 | 0.0065 | .2,702,379 | |
| 44 | | Commercial mortgages-all other - CM2 - high quality..... | 378,821,590 | XXX..... | 378,821,590 | 0.0035 | .1,325,876 | 0.0100 | .3,788,216 | 0.0130 | .4,924,681 | |
| 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..... | 561,196 | XXX..... | 561,196 | 0.0025 | .1,403 | 0.0058 | .3,255 | 0.0090 | .5,051 | |
| 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)..... | 972,854,721 | .0 | XXX..... | 972,854,721 | XXX..... | 1,974,067 | XXX..... | 6,403,388 | XXX..... | |
| 59 | | Schedule DA mortgages..... | | | XXX..... | 0 | 0.0030 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 60 | | Total mortgage loans on real estate (Lines 58 + 59)..... | 972,854,721 | .0 | XXX..... | 972,854,721 | XXX..... | 1,974,067 | XXX..... | 6,403,388 | XXX..... | |
| | | | | | | | | | | | | 8,342,996 |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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..... | 416,101,716 | XXX..... | XXX..... | 416,101,716 | 0.0000 | 0 | (a).....0.1698 | 70,654,071 | (a).....0.1698 | 70,654,071 |
| 2 | | Unaffiliated private..... | 142,332,802 | XXX..... | XXX..... | 142,332,802 | 0.0000 | 0 | 0.1600 | 22,773,248 | 0.1600 | 22,773,248 |
| 3 | | Federal Home Loan Bank..... | 43,700,000 | XXX..... | XXX..... | 43,700,000 | 0.0000 | 0 | 0.0050 | 218,500 | 0.0080 | 349,600 |
| 4 | | Affiliated life with AVR..... | 305,226,412 | XXX..... | XXX..... | 305,226,412 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 5 | | Affiliated Investment Subsidiary: | | | | | | | | | | |
| 6 | | Fixed income exempt obligations..... | | | | 0 | XXX..... | | XXX..... | | XXX..... | |
| 7 | | Fixed income highest quality..... | | | | 0 | XXX..... | | XXX..... | | XXX..... | |
| 8 | | Fixed income high quality..... | | | | 0 | XXX..... | | XXX..... | | XXX..... | |
| 9 | | Fixed income medium quality..... | | | | 0 | XXX..... | | XXX..... | | XXX..... | |
| 10 | | Fixed income low quality..... | | | | 0 | XXX..... | | XXX..... | | XXX..... | |
| 11 | | Fixed income lower quality..... | | | | 0 | XXX..... | | XXX..... | | XXX..... | |
| 12 | | Fixed income in or near default..... | | | | 0 | XXX..... | | XXX..... | | XXX..... | |
| 13 | | Unaffiliated common stock public..... | | | | 0 | 0.0000 | 0 | (a).....0.1600 | 0 | (a).....0.1600 | 0 |
| 14 | | Unaffiliated common stock private..... | | | | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 15 | | Real estate..... | | XXX..... | XXX..... | 0 | (b).....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)..... | 907,360,930 | 0 | 0 | 907,360,930 | XXX..... | 0 | XXX..... | 93,645,820 | XXX..... | 93,776,920 |
| 18 | | REAL ESTATE | | | | | | | | | | |
| 18 | | Home office property (General Account only)..... | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 19 | | Investment properties..... | 89,613,632 | | | 89,613,632 | 0.0000 | 0 | 0.0750 | 6,721,022 | 0.0750 | 6,721,022 |
| 20 | | Properties acquired in satisfaction of debt..... | | | | 0 | 0.0000 | 0 | 0.1100 | 0 | 0.1100 | 0 |
| 21 | | Total real estate (sum of Lines 18 through 20)..... | 89,613,632 | 0 | 0 | 89,613,632 | XXX..... | 0 | XXX..... | 6,721,022 | XXX..... | 6,721,022 |
| 22 | | OTHER INVESTED ASSETS | | | | | | | | | | |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS | | | | | | | | | | |
| 22 | | Exempt obligations..... | | XXX..... | XXX..... | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 23 | 1 | Highest quality..... | 196,098,516 | XXX..... | XXX..... | 196,098,516 | 0.004 | 78,439 | 0.0023 | 451,027 | 0.0030 | 588,296 |
| 24 | 2 | High quality..... | 34,555,195 | XXX..... | XXX..... | 34,555,195 | 0.0019 | 65,655 | 0.0058 | 200,420 | 0.0090 | 310,997 |
| 25 | 3 | Medium quality..... | | XXX..... | XXX..... | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 26 | 4 | Low quality..... | | XXX..... | XXX..... | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 27 | 5 | Lower quality..... | | XXX..... | XXX..... | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 28 | 6 | In or near default..... | 123,018,029 | XXX..... | XXX..... | 123,018,029 | 0.0000 | 0 | 0.2000 | 24,603,606 | 0.2000 | 24,603,606 |
| 29 | | Total with bond characteristics (sum of Lines 22 through 28)..... | 353,671,740 | XXX..... | XXX..... | 353,671,740 | XXX..... | 144,094 | XXX..... | 25,255,053 | XXX..... | 25,502,898 |

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) |
| | | 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..... | 0 |
| 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..... | 8,813,569 | XXX..... | 8,813,569 | 0.0060 | 52,881 | 0.0175 | 154,237 | 0.0225 | 198,305 | |
| 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)..... | 8,813,569 | 0 | XXX..... | 8,813,569 | XXX..... | 52,881 | XXX..... | 154,237 | XXX..... | |
| 64 | | Total with Mortgage Loan Characteristics (Lines 56 + 63)..... | 8,813,569 | 0 | XXX..... | 8,813,569 | XXX..... | 52,881 | XXX..... | 154,237 | XXX..... | |

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 | (a)..... | 0 | |
| | Unaffiliated private..... | | | 268,593,919 | XXX..... | 268,593,919 | 0.0000 | 0 | 0.1600 | 42,975,027 | 0.1600 | 42,975,027 | |
| | Affiliated life with AVR..... | | | XXX..... | XXX..... | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 | |
| | Affiliated certain other (see SVO Purposes and Procedures Manual)..... | | | XXX..... | XXX..... | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 | |
| | Affiliated other - all other..... | | | XXX..... | XXX..... | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 | |
| | Total with Common Stock Characteristics (Sum of Lines 65 through 69)..... | | | 268,593,919 | XXX..... | 268,593,919 | XXX..... | 0 | XXX..... | 42,975,027 | XXX..... | 42,975,027 | |
| | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | | | |
| 71 | Home office property (general account only)..... | | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 | |
| 72 | Investment properties..... | | | 220,642,576 | | 220,642,576 | 0.0000 | 0 | 0.0750 | 16,548,193 | 0.0750 | 16,548,193 | |
| 73 | Properties acquired in satisfaction of debt..... | | | | | 0 | 0.0000 | 0 | 0.1100 | 0 | 0.1100 | 0 | |
| 74 | Total with Real Estate Characteristics (Sum of Lines 71 through 73)..... | | | 220,642,576 | 0 | 220,642,576 | XXX..... | 0 | XXX..... | 16,548,193 | XXX..... | 16,548,193 | |
| 75 | LOW INCOME HOUSING TAX CREDIT INVESTMENTS | | | | | | | | | | | | |
| | Guaranteed federal low income housing tax credit..... | | | | | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 | |
| | Non-guaranteed federal low income housing tax credit..... | | | | | 0 | 0.0063 | 0 | 0.0120 | 0 | 0.0190 | 0 | |
| | Guaranteed state low income housing tax credit..... | | | | | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 | |
| | Non-guaranteed state low income housing tax credit..... | | | | | 0 | 0.0063 | 0 | 0.0120 | 0 | 0.0190 | 0 | |
| | All other low income housing tax credit..... | | | | | 0 | 0.0273 | 0 | 0.0600 | 0 | 0.0975 | 0 | |
| | Total LIHTC (Sum of Lines 75 through 79)..... | | | 0 | 0 | 0 | XXX..... | 0 | XXX..... | 0 | XXX..... | 0 | |
| | ALL OTHER INVESTMENTS | | | | | | | | | | | | |
| 81 | NAIC 1 working capital finance investments..... | | | XXX..... | | 0 | 0.0000 | 0 | 0.0037 | 0 | 0.0037 | 0 | |
| 82 | NAIC 2 working capital finance investments..... | | | XXX..... | | 0 | 0.0000 | 0 | 0.0120 | 0 | 0.0120 | 0 | |
| 83 | Other invested assets - Schedule BA..... | | | XXX..... | | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 | |
| 84 | Other short-term invested assets - Schedule DA..... | | | XXX..... | | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 | |
| 85 | Total All Other (sum of Lines 81, 82, 83 and 84)..... | | | 0 | XXX..... | 0 | 0.0000 | 0 | XXX..... | 0 | XXX..... | 0 | |
| 86 | Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)..... | | | 851,721,804 | 0 | 851,721,804 | XXX..... | 196,976 | XXX..... | 84,932,510 | XXX..... | 85,224,424 | |

(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.

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
ASSET VALUATION RESERVE (continued)
Basic Contributions, Reserve Objective and Maximum Reserve Calculations
Replications (Synthetic) Assets

| 1 RSAT Number | 2 Type | 3 CUSIP | 4 Description of Asset(s) | 5 NAIC Designation or Other Description of Asset | 6 Value of Asset | 7 AVR Basic Contribution | 8 AVR Reserve Objective | 9 AVR Maximum Reserve |
|------------------|-----------|------------|------------------------------|---|---------------------|-----------------------------|----------------------------|--------------------------|
|------------------|-----------|------------|------------------------------|---|---------------------|-----------------------------|----------------------------|--------------------------|

NONE

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year,
and all claims for death losses and all other contract claims resisted December 31 of current year

| 1 Contract Numbers | 2 Claim Numbers | 3 State of Residence of Claimant | 4 Year of Claim for Death or Disability | 5 Amount Claimed | 6 Amount Paid During the Year | 7 Amount Resisted Dec. 31 of Current Year | 8 Why Compromised or Resisted |
|--------------------------|-----------------------|---|--|------------------------|--|--|-------------------------------------|
|--------------------------|-----------------------|---|--|------------------------|--|--|-------------------------------------|

CLAIMS DISPOSED OF DURING CURRENT YEAR

Death Claims - Ordinary

| | | | | | | | |
|---|------------|---------|-----------|--------------|--------|--------|---------------------------------|
| BG20000739N..... | 40959..... | FL..... | 2014..... |100,000 | ..... | ..... | Material misrepresentation..... |
| 0199999. Death Claims - Ordinary..... | | | |100,000 |0 |0 |XXX..... |
| 0599999. Subtotal - Disposed Death Claims..... | | | |100,000 |0 |0 |XXX..... |
| 2699999. Subtotal - Claims Disposed of During Current Year..... | | | |100,000 |0 |0 |XXX..... |
| 5399999. Totals..... | | | |100,000 |0 |0 |XXX..... |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | Total | | Group Accident and Health | | Credit A&H (Group and Individual) | | Collectively Renewable | | Other Individual Contracts | | | | | | | | | |
|---|-------------|---------------|---------------------------|---------------|-----------------------------------|---------------|------------------------|---------------|----------------------------|---------------|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | 1 Amount | 2 % | 3 Amount | 4 % | 5 Amount | 6 % | | | 9 Amount | 10 % | 11 Amount | 12 % | 13 Amount | 14 % | 15 Amount | 16 % | 17 Amount | 18 % |
| PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS | | | | | | | | | | | | | | | | | | |
| 1. Premiums written..... | 3,091,398 |XXX..... |7,916 |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |3,083,482 |XXX..... | .....XXX..... | .....XXX..... | .....XXX..... | .....XXX..... | .....XXX..... | .....XXX..... |
| 2. Premiums earned..... | 3,096,272 |XXX..... |7,780 |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |3,088,492 |XXX..... | .....XXX..... | .....XXX..... | .....XXX..... | .....XXX..... | .....XXX..... | .....XXX..... |
| 3. Incurred claims..... | 2,794,294 |90.2 |(108) |(1.4) |0 |0.0 |0 |0.0 |0 |0.0 |2,794,402 |90.5 |0 |0.0 |0 |0.0 |0 |0.0 |
| 4. Cost containment expenses..... | 0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4)..... | 2,794,294 |90.2 |(108) |(1.4) |0 |0.0 |0 |0.0 |0 |0.0 |2,794,402 |90.5 |0 |0.0 |0 |0.0 |0 |0.0 |
| 6. Increase in contract reserves..... | 1,894,177 |61.2 |7,427 |95.5 |0 |0.0 |0 |0.0 |0 |0.0 |1,886,750 |61.1 |0 |0.0 |0 |0.0 |0 |0.0 |
| 7. Commissions (a)..... | 572,855 |18.5 |0 |0.0 |0 |0.0 |0 |0.0 |0 |0.0 |572,855 |18.5 |0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 8. Other general insurance expenses..... | 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 |
| 9. Taxes, licenses and fees..... | 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 |
| 10. Total other expenses incurred..... | 572,855 |18.5 |0 |0.0 |0 |0.0 |0 |0.0 |0 |0.0 |572,855 |18.5 |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 |0.0 |
| 12. Gain from underwriting before dividends or refunds..... | (2,165,054) |(69.9) |461 |5.9 |0 |0.0 |0 |0.0 |0 |0.0 |(2,165,515) |(70.1) |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 |0.0 |0.0 |0.0 |0.0 |
| 14. Gain from underwriting after dividends or refunds..... | (2,165,054) |(69.9) |461 |5.9 |0 |0.0 |0 |0.0 |0 |0.0 |(2,165,515) |(70.1) |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 |0.0 |
| 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 |0.0 |

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

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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..... | 760,929 | .801 | | | | 760,128 | | | |
| 2. Advance premiums..... | 13,895 | | | | | 13,895 | | | |
| 3. Reserve for rate credits..... | 0 | | | | | | | | |
| 4. Total premium reserves, current year..... | 774,824 | .801 | .0 | .0 | .0 | 774,023 | .0 | .0 | .0 |
| 5. Total premium reserves, prior year..... | 792,099 | .664 | | | | 791,435 | | | |
| 6. Increase in total premium reserves..... | (17,275) | .137 | .0 | .0 | .0 | (17,412) | .0 | .0 | .0 |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a)..... | 31,845,174 | 135,757 | | | | 31,709,417 | | | |
| 2. Reserve for future contingent benefits..... | 0 | | | | | | | | |
| 3. Total contract reserves, current year..... | 31,845,174 | 135,757 | .0 | .0 | .0 | 31,709,417 | .0 | .0 | .0 |
| 4. Total contract reserves, prior year..... | 29,950,997 | 128,330 | | | | 29,822,667 | | | |
| 5. Increase in contract reserves..... | 1,894,177 | 7,427 | .0 | .0 | .0 | 1,886,750 | .0 | .0 | .0 |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year..... | 6,598,349 | .904 | .0 | .0 | .0 | 6,597,445 | .0 | .0 | .0 |
| 2. Total prior year..... | 6,010,882 | 1,012 | | | | 6,009,870 | | | |
| 3. Increase..... | 587,467 | (108) | .0 | .0 | .0 | 587,575 | .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..... | 1,908,155 | | | | | 1,908,155 | | | |
| 1.2 On claims incurred during current year..... | 298,672 | | | | | 298,672 | | | |
| 2. Claim Reserves and Liabilities, December 31, current year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year..... | 4,314,843 | 50 | | | | 4,314,793 | | | |
| 2.2 On claims incurred during current year..... | 2,283,506 | .854 | | | | 2,282,652 | | | |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1..... | 6,222,998 | 50 | .0 | .0 | .0 | 6,222,948 | .0 | .0 | .0 |
| 3.2 Claim reserves and liabilities, December 31, prior year..... | 6,010,882 | 1,012 | | | | 6,009,870 | | | |
| 3.3 Line 3.1 minus Line 3.2..... | 212,116 | (962) | .0 | .0 | .0 | 213,078 | .0 | .0 | .0 |

| PART 4 - REINSURANCE | | | | | | | | | |
|--------------------------|-----------|--------|--|--|--|-----------|-------|--|--|
| A. Reinsurance Assumed: | | | | | | | | | |
| 1. Premiums written..... | 3,091,398 | 7,916 | | | | 3,083,482 | | | |
| 2. Premiums earned..... | 3,096,272 | 7,780 | | | | 3,088,492 | | | |
| 3. Incurred claims..... | 2,794,294 | (109) | | | | 2,794,403 | | | |
| 4. Commissions..... | 572,855 | | | | | 572,855 | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written..... | 7,002,024 | 77,472 | | | | 6,923,020 | 1,532 | | |
| 2. Premiums earned..... | 6,986,898 | 76,359 | | | | 6,908,945 | 1,594 | | |
| 3. Incurred claims..... | 5,254,179 | .443 | | | | 5,253,736 | | | |
| 4. Commissions..... | 343,108 | 10,615 | | | | 332,493 | | | |

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

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE H - PART 5 - HEALTH CLAIMS

| | 1 Medical | 2 Dental | 3 Other | 4 Total |
|--|--------------|-------------|------------|------------|
| A. Direct: | | | | |
| 1. Incurred claims..... | | | 5,254,178 | 5,254,178 |
| 2. Beginning claim reserves and liabilities..... | | | 3,435,079 | 3,435,079 |
| 3. Ending claim reserves and liabilities..... | | | 4,176,613 | 4,176,613 |
| 4. Claims paid..... | 0 | 0 | 4,512,644 | 4,512,644 |
| B. Assumed Reinsurance: | | | | |
| 5. Incurred claims..... | | | 2,794,294 | 2,794,294 |
| 6. Beginning claim reserves and liabilities..... | | | 6,010,882 | 6,010,882 |
| 7. Ending claim reserves and liabilities..... | | | 6,598,349 | 6,598,349 |
| 8. Claims paid..... | 0 | 0 | 2,206,827 | 2,206,827 |
| C. Ceded Reinsurance: | | | | |
| 9. Incurred claims..... | | | 5,254,178 | 5,254,178 |
| 10. Beginning claim reserves and liabilities..... | | | 3,435,079 | 3,435,079 |
| 11. Ending claim reserves and liabilities..... | | | 4,176,613 | 4,176,613 |
| 12. Claims paid..... | 0 | 0 | 4,512,644 | 4,512,644 |
| D. Net: | | | | |
| 13. Incurred claims..... | 0 | 0 | 2,794,294 | 2,794,294 |
| 14. Beginning claim reserves and liabilities..... | 0 | 0 | 6,010,882 | 6,010,882 |
| 15. Ending claim reserves and liabilities..... | 0 | 0 | 6,598,349 | 6,598,349 |
| 16. Claims paid..... | 0 | 0 | 2,206,827 | 2,206,827 |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. Incurred claims and cost containment expenses..... | | | 2,794,294 | 2,794,294 |
| 18. Beginning reserves and liabilities..... | | | 6,010,882 | 6,010,882 |
| 19. Ending reserves and liabilities..... | | | 6,598,349 | 6,598,349 |
| 20. Paid claims and cost containment expenses..... | 0 | 0 | 2,206,827 | 2,206,827 |

SCHEDULE S - PART 1 - SECTION 1

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

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Assumed | 7 Amount of In Force at End of Year | 8 Reserve | 9 Premiums | 10 Reinsurance Payable on Paid and Unpaid Losses | 11 Modified Coinsurance Reserve | 12 Funds Withheld Under Coinsurance |
|---|---|------------------------|---|----------------------------------|--|--|------------------|----------------|--|--|---|
| General Account - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | |
| 71404..... | 47-0463747.... | 10/31/2015 | Continental General Insurance Company..... | TX..... | ACO/I..... |152,604 | ..... | ..... | ..... | ..... | ..... |
| 71404..... | 47-0463747.... | 10/31/2015 | Continental General Insurance Company..... | TX..... | CO/I..... |4,293,355 |1,579,626 |322,909 |97,436 | ..... | ..... |
| 71404..... | 47-0463747.... | 10/31/2015 | Continental General Insurance Company..... | TX..... | ACO/G..... | ..... | .....1,836,183 |31,952 | ..... | ..... | ..... |
| 65722..... | 63-0343428.... | 08/31/2012 | Loyal American Life Insurance Company..... | OH..... | ACO/I..... | ..... | .....120,558,549 |392,105 |1,298,455 | ..... | ..... |
| 65722..... | 63-0343428.... | 08/31/2012 | Loyal American Life Insurance Company..... | OH..... | CO/I..... |339,982,377 |117,654,496 |3,694,695 |3,735,456 | ..... | ..... |
| 61727..... | 34-0970995.... | 08/31/2012 | Central Reserve Life Insurance Company..... | OH..... | ACO/I..... | ..... | .....3,952,539 |64,023 | ..... | ..... | ..... |
| 61727..... | 34-0970995.... | 08/31/2012 | Central Reserve Life Insurance Company..... | OH..... | CO/I..... |12,033,708 |1,591,952 |363,982 |46,177 | ..... | ..... |
| 67903..... | 23-1335885.... | 08/31/2012 | Provident American Life & Health Insurance Company..... | OH..... | CO/I..... |10,184,530 |2,605,809 |644,842 |68,184 | ..... | ..... |
| 88366..... | 59-2760189.... | 08/31/2012 | American Retirement Life Insurance Company..... | OH..... | CO/I..... |993,000 |662,400 | ..... | .....3,000 | ..... | ..... |
| 65722..... | 63-0343428.... | 01/01/2007 | Loyal American Life Insurance Company..... | OH..... | ACO/I..... | ..... | .....27,644,161 |158,344 |183,722 | ..... | ..... |
| 62200..... | 95-2496321.... | 06/30/2011 | Accordia Life and Annuity Company..... | IA..... | ACO/I..... | ..... | .....3,346,358 |6,000 |8,217 | ..... | ..... |
| 62200..... | 95-2496321.... | 06/30/2011 | Accordia Life and Annuity Company..... | IA..... | CO/I..... |3,275,239 |3,414,374 | ..... | ..... | ..... | ..... |
| 0899999..... | Total - General Account - Non-Affiliates - U.S. Non-Affiliates..... |  |  |  | ..... | .....370,762,209 |284,999,051 |5,678,852 |5,440,647 |0 |0 |
| 1099999..... | Total - General Account - Non-Affiliates..... |  |  |  | ..... | .....370,762,209 |284,999,051 |5,678,852 |5,440,647 |0 |0 |
| 1199999..... | Total - General Account..... |  |  |  | ..... | .....370,762,209 |284,999,051 |5,678,852 |5,440,647 |0 |0 |
| 2399999..... | Total U.S..... |  |  |  | ..... | .....370,762,209 |284,999,051 |5,678,852 |5,440,647 |0 |0 |
| 9999999..... | Total..... |  |  |  | ..... | .....370,762,209 |284,999,051 |5,678,852 |5,440,647 |0 |0 |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Assumed | 7 Premiums | 8 Unearned Premiums | 9 Reserve Liability Other Than for Unearned Premiums | 10 Reinsurance Payable on Paid and Unpaid Losses | 11 Modified Coinsurance Reserve | 12 Funds Withheld Under Coinsurance |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--|---------------|---------------------------|--|--|--|---|
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--|---------------|---------------------------|--|--|--|---|

Non-Affiliates - U.S. Non-Affiliates

| | | | | | | | | | | | |
|------------|---|------------|--|---------|-----------|----------------|--------------|-----------------|--------------|--------|--------|
| 71404..... | 47-0463747.... | 10/31/2015 | Continental General Insurance Company..... | TX..... | CO/I..... |3,083,482 |760,128 |37,957,155 |349,708 | ..... | ..... |
| 71404..... | 47-0463747.... | 10/31/2015 | Continental General Insurance Company..... | TX..... | CO/G..... |7,916 |801 |136,615 |45 | ..... | ..... |
| 0899999. | Total - Non-Affiliates - U.S. Non-Affiliates..... | | | | |3,091,398 |760,929 |38,093,770 |349,753 |0 |0 |
| 1099999. | Total - Non-Affiliates..... | | | | |3,091,398 |760,929 |38,093,770 |349,753 |0 |0 |
| 1199999. | Total - U.S..... | | | | |3,091,398 |760,929 |38,093,770 |349,753 |0 |0 |
| 9999999. | Total..... | | | | |3,091,398 |760,929 |38,093,770 |349,753 |0 |0 |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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 | | | | | | |
| 68276..... | 48-1024691.... | 01/01/1998 | Employers Reassurance Corporation..... | KS..... | | 37,367 |
| 88340..... | 59-2859797.... | 01/01/1998 | Hannover Life Reassurance Company of America..... | FL..... | | 37,367 |
| 68713..... | 84-0499703.... | 01/01/1998 | Security Life of Denver Insurance Company..... | CO..... | 29,917 | 102,567 |
| 68713..... | 84-0499703.... | 01/01/1998 | Security Life of Denver Insurance Company..... | CO..... | 277,500 | |
| 68713..... | 84-0499703.... | 04/01/1999 | Security Life of Denver Insurance Company..... | CO..... | 70,000 | |
| 68713..... | 84-0499703.... | 01/01/2000 | Security Life of Denver Insurance Company..... | CO..... | 1,566,200 | 2,527,400 |
| 86231..... | 39-0989781.... | 01/01/2003 | Transamerica Life Insurance Company..... | IA..... | 68,371 | |
| 82627..... | 06-0839705.... | 01/01/1979 | Swiss Re Life & Health America, Inc. | MO..... | | 50,000 |
| 67989..... | 46-0260270.... | 09/01/1996 | American Memorial Life Insurance Company..... | SD..... | 310,317 | 144,549 |
| 88340..... | 59-2859797.... | 08/31/2012 | Hannover Life Reassurance Company of America..... | FL..... | | 2,700,972 |
| 65722..... | 63-0343428.... | 08/31/2012 | Loyal American Life Insurance Company..... | OH..... | 276,463 | |
| 0899999. | Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates..... | | | | 2,598,768 | 5,600,222 |
| 1099999. | Total - Life and Annuity Non-Affiliates..... | | | | 2,598,768 | 5,600,222 |
| 1199999. | Total - Life and Annuity..... | | | | 2,598,768 | 5,600,222 |
| Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 65722..... | 63-0343428.... | 08/31/2012 | Loyal American Life Insurance Company..... | OH..... | | 284,911 |
| 82627..... | 06-0839705.... | 01/01/1998 | Swiss Re Life & Health of America Inc. | MO..... | | 51,813 |
| 71404..... | 47-0463747.... | 10/31/2015 | Continental General Insurance Company..... | TX..... | | 217,432 |
| 1999999. | Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates..... | | | | 0 | 554,156 |
| 2199999. | Total - Accident and Health Non-Affiliates..... | | | | 0 | 554,156 |
| 2299999. | Total - Accident and Health..... | | | | 0 | 554,156 |
| 2399999. | Total U.S. | | | | 2,598,768 | 6,154,378 |
| 9999999. | Total..... | | | | 2,598,768 | 6,154,378 |

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 Ccoinsurance Reserve | 15 Funds Withheld Under Ccoinsurance |
|--|-------------------|------------------------|--|----------------------------------|--------------------------------------|-----------------------------------|---|----------------------|---------------------|----------------|----------------------------|---------------------|---|--|
| | | | | | | | | 9 Current Year | 10 Prior Year | | 12 Current Year | 13 Prior Year | | |
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | | |
| 88099.... | 75-1608507.... | 01/01/1982 | Optimum Re Insurance Company..... | TX..... | YRT/I..... | OL..... | 100,000 | 1,923 | 1,757 | 2,175 | | | | |
| 87572.... | 23-2038295.... | 01/01/1983 | Scottish Re (US) Inc..... | DE..... | CO/I..... | OL..... | 2,592,000 | 55,942 | 56,872 | 12,605 | | | | |
| 82627.... | 06-0839705.... | 01/01/1961 | Swiss Re Life & Health America Inc..... | MO..... | DIS/I..... | OL..... | | | | 115 | | | | |
| 82627.... | 06-0839705.... | 01/01/1961 | Swiss Re Life & Health America Inc..... | MO..... | YRT/I..... | OL..... | 287,750 | 13,337 | 12,379 | 12,163 | | | | |
| 82627.... | 06-0839705.... | 01/01/1979 | Swiss Re Life & Health America Inc..... | MO..... | CO/I..... | OL..... | 13,122,520 | 341,790 | 339,306 | 65,306 | | | | |
| 82627.... | 06-0839705.... | 01/01/1979 | Swiss Re Life & Health America Inc..... | MO..... | DIS/I..... | OL..... | | 84,270 | 88,445 | | | | | |
| 64688.... | 75-6020048.... | 01/01/1982 | SCOR Global Life Americas Reinsurance Company..... | DE..... | MCO/I..... | OL..... | 1,816,000 | 244 | 421 | 15,101 | | | | 772,808 |
| 68276.... | 48-1024691.... | 01/01/1998 | Employers Reassurance Corporation..... | KS..... | CO/I..... | OL..... | 57,736,349 | 350,790 | 319,563 | 253,373 | | | | |
| 86258.... | 13-2572994.... | 07/01/1999 | General Re Life Corporation..... | CT..... | DIS/I..... | OL..... | | 69,097 | 74,872 | 24,518 | | | | |
| 86258.... | 13-2572994.... | 10/01/2003 | General Re Life Corporation..... | CT..... | YRT/I..... | OL..... | 174,791 | 212 | 444 | 3,495 | | | | |
| 97071.... | 13-3126819.... | 01/01/2000 | SCOR Global Life USA Reinsurance Company..... | DE..... | CO/I..... | XXXL..... | 3,320,000 | 118,292 | 199,859 | 8,593 | | | | |
| 97071.... | 13-3126819.... | 01/01/2008 | SCOR Global Life USA Reinsurance Company..... | DE..... | CAT/I..... | XXXL/OL..... | | | | 118,948 | | | | |
| 88340.... | 59-2859797.... | 01/01/1998 | Hannover Life Reassurance Company of America..... | FL..... | CO/I..... | OL..... | 123,116,380 | 1,147,877 | 1,128,032 | 358,495 | | | | |
| 88340.... | 59-2859797.... | 01/01/2000 | Hannover Life Reassurance Company of America..... | FL..... | CO/I..... | XXXL..... | 8,537,500 | 1,157,966 | 1,263,945 | 48,792 | | | | |
| 88340.... | 59-2859797.... | 12/31/2002 | Hannover Life Reassurance Company of America..... | FL..... | CO/I..... | OL..... | 662,579,275 | 58,132,680 | 57,844,979 | 4,611,718 | | | | |
| 88340.... | 59-2859797.... | 10/01/2003 | Hannover Life Reassurance Company of America..... | FL..... | YRT/I..... | OL..... | 32,300,927 | 19,154 | 19,083 | 163,085 | | | | |
| 88340.... | 59-2859797.... | 07/01/2008 | Hannover Life Reassurance Company of America..... | FL..... | COMB/I..... | XXXL..... | 929,486,000 | 16,175,000 | 17,451,000 | 4,667,567 | | | | 17,532,608 |
| 88099.... | 75-1608507.... | 11/09/2004 | Optimum Re Insurance Company..... | TX..... | YRT/I..... | OL..... | 881,031 | 555 | 502 | 7,190 | | | | |
| 93572.... | 43-1235868.... | 01/01/1998 | RGA Reinsurance Company..... | MO..... | CO/I..... | OL..... | 114,015,076 | 1,347,087 | 1,301,209 | 384,331 | | | | |
| 93572.... | 43-1235868.... | 01/01/2003 | RGA Reinsurance Company..... | MO..... | CO/I..... | XXXL..... | 154,725,124 | 4,520,757 | 4,570,530 | 196,577 | | | | |
| 93572.... | 43-1235868.... | 10/01/2003 | RGA Reinsurance Company..... | MO..... | YRT/I..... | OL..... | 2,015,124 | 3,525 | 4,532 | 35,246 | | | | |
| 87572.... | 23-2038295.... | 01/01/2003 | Scottish Re US Inc..... | DE..... | CO/I..... | XXXL..... | 301,506,787 | 8,948,169 | 9,046,355 | 383,639 | | | | |
| 68713.... | 84-0499703.... | 01/01/1998 | Security Life of Denver Insurance Company..... | CO..... | YRT/I..... | OL..... | 53,003,493 | 40,900 | 39,669 | 348,177 | | | | |
| 68713.... | 84-0499703.... | 01/01/1999 | Security Life of Denver Insurance Company..... | CO..... | CO/I..... | OL..... | 306,709,087 | 6,552,464 | 7,799,212 | .898,677 | | | | |
| 68713.... | 84-0499703.... | 04/01/1999 | Security Life of Denver Insurance Company..... | CO..... | CO/I..... | OL..... | 5,846,528 | 46,722 | 44,913 | 34,446 | | | | |
| 68713.... | 84-0499703.... | 01/01/2000 | Security Life of Denver Insurance Company..... | CO..... | CO/I..... | XXXL..... | 3,512,924,050 | 146,397,087 | 158,218,876 | 8,713,398 | | | | |
| 68713.... | 84-0499703.... | 01/01/2003 | Security Life of Denver Insurance Company..... | CO..... | CO/I..... | XXXL..... | 153,939,322 | 4,507,056 | 4,550,231 | .249,746 | | | | |
| 82627.... | 06-0839705.... | 01/01/1998 | Swiss Re Life & Health America Inc..... | MO..... | CO/I..... | OL..... | 92,415,076 | .996,335 | .969,850 | .275,868 | | | | |
| 82627.... | 06-0839705.... | 01/01/1998 | Swiss Re Life & Health America Inc..... | MO..... | YRT/I..... | OL..... | 20,555,191 | 15,132 | 14,783 | .108,470 | | | | |
| 86231.... | 39-0989781.... | 01/01/2003 | Transamerica Life Insurance Company..... | IA..... | CO/I..... | XXXL..... | 603,914,526 | 17,907,991 | 18,104,534 | .768,352 | | | | |
| 64688.... | 75-6020048.... | 10/01/2003 | SCOR Global Life Americas Reinsurance Company..... | DE..... | YRT/I..... | OL..... | 1,363,444 | 1,522 | 3,857 | .26,043 | | | | |
| 67989.... | 46-0260270.... | 09/01/1996 | American Memorial Life Insurance Company..... | SD..... | ACO/I..... | FL..... | | 3,202,311 | 3,463,080 | | | | | |
| 67989.... | 46-0260270.... | 09/01/1996 | American Memorial Life Insurance Company..... | SD..... | ACO/G..... | FL..... | | 1,942,713 | 2,091,688 | | | | | |
| 67989.... | 46-0260270.... | 09/01/1996 | American Memorial Life Insurance Company..... | SD..... | CO/I..... | OL..... | 15,859,848 | 11,653,142 | 12,698,198 | | | | | |
| 67989.... | 46-0260270.... | 09/01/1996 | American Memorial Life Insurance Company..... | SD..... | CO/G..... | OL..... | 16,080,295 | 11,974,448 | 12,736,945 | .37,035 | | | | |
| 66346.... | 58-0828824.... | 01/01/2006 | Munich American Reassurance Company..... | GA..... | CO/I..... | OL..... | | | | | | | | |
| 88340.... | 59-2859797.... | 08/31/2012 | Hannover Life Reassurance Company of America..... | FL..... | CO/I..... | OL..... | 238,327,310 | 97,718,499 | 101,014,261 | 2,818,178 | | | | |

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 | | | | | |
| 0899999. | Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates..... | | | | 7,429,250,804 | 395,444,989 | 415,474,182 | 25,651,422 | 0 | 0 | 0 | 0 | 18,305,416 | 0 | | | |
| 1099999. | Total - General Account - Authorized - Non-Affiliates..... | | | | 7,429,250,804 | 395,444,989 | 415,474,182 | 25,651,422 | 0 | 0 | 0 | 0 | 18,305,416 | 0 | | | |
| 1199999. | Total - General Account - Authorized..... | | | | 7,429,250,804 | 395,444,989 | 415,474,182 | 25,651,422 | 0 | 0 | 0 | 0 | 18,305,416 | 0 | | | |
| 3499999. | Total - General Account - Authorized, Unauthorized and Certified..... | | | | 7,429,250,804 | 395,444,989 | 415,474,182 | 25,651,422 | 0 | 0 | 0 | 0 | 18,305,416 | 0 | | | |
| 6999999. | Total U.S..... | | | | 7,429,250,804 | 395,444,989 | 415,474,182 | 25,651,422 | 0 | 0 | 0 | 0 | 18,305,416 | 0 | | | |
| 9999999. | Total..... | | | | 7,429,250,804 | 395,444,989 | 415,474,182 | 25,651,422 | 0 | 0 | 0 | 0 | 18,305,416 | 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 Ccoinsurance Reserve | 14 Funds Withheld Under Ccoinsurance |
|------------------------------|-------------------|------------------------|----------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------|--|--|----------------------------|----|---|--|
| | | | | | | | | | | 11 | 12 | | |
| | | | | | | | | | | | | | |

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

| | | | | | | | | | | | | | |
|--|----------------|-------------|--|---------|-----------|----------|------------------|----------------|-------------------|----------|----------|----------|----------|
| 71404..... | 47-0463747.... | .12/31/2009 | Continental General Insurance Company..... | TX..... | CO/I..... | LTC..... | 2,605,719 | 724,885 | 35,500,529 | ..... | ..... | ..... | ..... |
| 71404..... | 47-0463747.... | .12/31/2009 | Continental General Insurance Company..... | TX..... | CO/G..... | LTC..... | 77,472 | 6,456 | 3,169,419 | ..... | ..... | ..... | ..... |
| 65722..... | 63-0343428.... | .08/31/2012 | Loyal American Life Insurance Company..... | OH..... | CO/I..... | MS..... | 4,318,832 | 168,769 | 931,793 | ..... | ..... | ..... | ..... |
| 0899999. Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates..... | | | | | | | 7,002,023 | 900,110 | 39,601,741 | 0 | 0 | 0 | 0 |
| 1099999. Total - General Account - Authorized - Non-Affiliates..... | | | | | | | 7,002,023 | 900,110 | 39,601,741 | 0 | 0 | 0 | 0 |
| 1199999. Total - General Account - Authorized..... | | | | | | | 7,002,023 | 900,110 | 39,601,741 | 0 | 0 | 0 | 0 |
| 3499999. Total - General Account - Authorized, Unauthorized and Certified..... | | | | | | | 7,002,023 | 900,110 | 39,601,741 | 0 | 0 | 0 | 0 |
| 6999999. Total - U.S..... | | | | | | | 7,002,023 | 900,110 | 39,601,741 | 0 | 0 | 0 | 0 |
| 9999999. Total..... | | | | | | | 7,002,023 | 900,110 | 39,601,741 | 0 | 0 | 0 | 0 |

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE S - PART 6

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

| | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts..... | 32,653 | 36,525 | 40,375 | 43,163 | 47,115 |
| 2. Commissions and reinsurance expense allowances..... | 6,404 | 6,480 | 7,356 | 7,735 | 8,065 |
| 3. Contract claims..... | 38,791 | 41,151 | 54,198 | 48,090 | 49,561 |
| 4. Surrender benefits and withdrawals for life contracts..... | 4,918 | 4,854 | 5,125 | 7,155 | 6,447 |
| 5. Dividends to policyholders..... | 213 | 219 | 230 | 238 | 242 |
| 6. Reserve adjustments on reinsurance ceded..... | (2,212) | (1,853) | (2,329) | (1,145) | (1,400) |
| 7. Increase in aggregate reserves for life and accident and health contracts..... | (16,956) | (13,955) | (13,782) | (6,717) | 107,822 |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected..... | 16 | 23 | 21 | 25 | 25 |
| 9. Aggregate reserves for life and accident and health contracts..... | 435,868 | 452,813 | 466,858 | 480,640 | 487,357 |
| 10. Liability for deposit-type contracts..... | 79 | 91 | 95 | 107 | 67 |
| 11. Contract claims unpaid..... | 6,154 | 8,783 | 11,142 | 9,032 | 7,799 |
| 12. Amounts recoverable on reinsurance..... | 2,599 | 1,954 | 3,824 | 2,169 | 2,784 |
| 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)..... | | | | | |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | 1 As Reported (Net of Ceded) | 2 Restatement Adjustments | 3 Restated (Gross of Ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12)..... | 31,571,682,664 | 18,081,915 | 31,589,764,579 |
| 2. Reinsurance (Line 16)..... | 8,277,301 | (3,731,145) | 4,546,156 |
| 3. Premiums and considerations (Line 15)..... | 9,354,384 | 15,726 | 9,370,110 |
| 4. Net credit for ceded reinsurance..... | XXX..... | 427,786,914 | 427,786,914 |
| 5. All other admitted assets (balance)..... | 987,319,764 | | 987,319,764 |
| 6. Total assets excluding Separate Accounts (Line 26)..... | 32,576,634,113 | 442,153,410 | 33,018,787,523 |
| 7. Separate Account assets (Line 27)..... | | | 0 |
| 8. Total assets (Line 28)..... | 32,576,634,113 | 442,153,410 | 33,018,787,523 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2)..... | 28,070,358,412 | 435,867,771 | 28,506,226,183 |
| 10. Liability for deposit-type contracts (Line 3)..... | 1,276,130,691 | 79,067 | 1,276,209,758 |
| 11. Claim reserves (Line 4)..... | 148,757,931 | 6,154,376 | 154,912,307 |
| 12. Policyholder dividends/reserves (Lines 5 through 7)..... | | | 0 |
| 13. Premium & annuity considerations received in advance (Line 8)..... | 270,063 | 52,196 | 322,259 |
| 14. Other contract liabilities (Line 9)..... | 52,202,829 | | 52,202,829 |
| 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)..... | 897,401,191 | | 897,401,191 |
| 20. Total liabilities excluding Separate Accounts (Line 26)..... | 30,445,121,117 | 442,153,410 | 30,887,274,527 |
| 21. Separate Account liabilities (Line 27)..... | | | 0 |
| 22. Total liabilities (Line 28)..... | 30,445,121,117 | 442,153,410 | 30,887,274,527 |
| 23. Capital & surplus (Line 38)..... | 2,131,512,996 | XXX..... | 2,131,512,996 |
| 24. Total liabilities, capital & surplus (Line 39)..... | 32,576,634,113 | 442,153,410 | 33,018,787,523 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 25. Contract reserves..... | 435,867,771 | | |
| 26. Claim reserves..... | 6,154,376 | | |
| 27. Policyholder dividends/reserves..... | 0 | | |
| 28. Premium & annuity considerations received in advance..... | 52,196 | | |
| 29. Liability for deposit-type contracts..... | 79,067 | | |
| 30. Other contract liabilities..... | 0 | | |
| 31. Reinsurance ceded assets..... | 3,731,145 | | |
| 32. Other ceded reinsurance recoverables..... | (18,081,915) | | |
| 33. Total ceded reinsurance recoverables..... | 427,802,640 | | |
| 34. Premiums and considerations..... | 15,726 | | |
| 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..... | 15,726 | | |
| 41. Total net credit for ceded reinsurance..... | 427,786,914 | | |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| States, Etc. | Direct Business Only | | | | | |
|-------------------------------------|--|---|---|--|--------------------------------|---------------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1. Alabama.....AL | 380,235 | 108,189,666 | | 12,691 | 94,055 | 108,676,648 |
| 2. Alaska.....AK | 16,811 | 798,635 | | | | 815,446 |
| 3. Arizona.....AZ | 730,402 | 72,320,521 | | 12,576 | 1,556,345 | 74,619,843 |
| 4. Arkansas.....AR | 257,247 | 22,706,720 | | 4,643 | | 22,968,610 |
| 5. California.....CA | 7,603,056 | 353,961,937 | 345 | 5,232 | 78,307 | 361,648,877 |
| 6. Colorado.....CO | 408,666 | 42,262,783 | | 105,203 | 66,787 | 42,843,438 |
| 7. Connecticut.....CT | 573,232 | 79,408,989 | 102 | 4,996 | 539,610 | 80,526,929 |
| 8. Delaware.....DE | 98,414 | 22,544,291 | | | | 22,642,705 |
| 9. District of Columbia.....DC | 44,297 | 5,291,266 | | | | 5,335,563 |
| 10. Florida.....FL | 3,024,628 | 307,420,418 | 164 | 33,115 | 58,730 | 310,537,054 |
| 11. Georgia.....GA | 1,347,751 | 108,980,150 | | 90,779 | 264,444 | 110,683,124 |
| 12. Hawaii.....HI | 336,853 | 22,463,926 | | | 28,629 | 22,829,408 |
| 13. Idaho.....ID | 148,946 | 20,191,074 | | (21) | | 20,339,999 |
| 14. Illinois.....IL | 1,378,177 | 117,073,491 | | 76,223 | | 118,527,892 |
| 15. Indiana.....IN | 369,858 | 131,208,071 | | | | 131,577,929 |
| 16. Iowa.....IA | 191,105 | 43,484,549 | | 3,902 | 28,137 | 43,707,693 |
| 17. Kansas.....KS | 250,033 | 18,702,339 | | 61,554 | | 19,013,925 |
| 18. Kentucky.....KY | 296,985 | 55,063,015 | | 3,325 | 413,551 | 55,776,875 |
| 19. Louisiana.....LA | 371,466 | 121,585,584 | | | | 121,957,050 |
| 20. Maine.....ME | 158,887 | 21,405,634 | | 5,571 | | 21,570,092 |
| 21. Maryland.....MD | 983,853 | 76,607,926 | | | 477,671 | 78,069,449 |
| 22. Massachusetts.....MA | 751,239 | 56,293,869 | | 1,239 | 3,962,202 | 61,008,549 |
| 23. Michigan.....MI | 409,159 | 158,089,597 | | | 265,423 | 158,764,179 |
| 24. Minnesota.....MN | 574,334 | 78,466,349 | | 2,249 | 580,184 | 79,623,116 |
| 25. Mississippi.....MS | 244,605 | 34,663,068 | | 1,708 | | 34,909,380 |
| 26. Missouri.....MO | 525,448 | 209,742,408 | | 99,330 | | 210,367,186 |
| 27. Montana.....MT | 22,650 | 3,182,047 | | 6,987 | | 3,211,684 |
| 28. Nebraska.....NE | 206,773 | 9,670,793 | | 43,828 | | 9,921,394 |
| 29. Nevada.....NV | 469,018 | 26,843,499 | 446 | | | 27,312,963 |
| 30. New Hampshire.....NH | 105,876 | 15,713,303 | | 70,791 | 985,262 | 16,875,233 |
| 31. New Jersey.....NJ | 1,075,918 | 161,418,612 | 402 | 7,369 | 416,645 | 162,918,947 |
| 32. New Mexico.....NM | 291,906 | 7,443,756 | | | | 7,735,663 |
| 33. New York.....NY | 286,983 | 18,537,348 | | 3,641 | | 18,827,972 |
| 34. North Carolina.....NC | 1,448,262 | 159,865,769 | | 1,120,523 | 189,853 | 162,624,407 |
| 35. North Dakota.....ND | 60,373 | 14,849,385 | | | | 14,909,757 |
| 36. Ohio.....OH | 955,324 | 196,710,485 | 38 | 1,658 | 721,005 | 198,388,510 |
| 37. Oklahoma.....OK | 739,701 | 13,713,361 | | 2,412 | | 14,455,475 |
| 38. Oregon.....OR | 178,754 | 46,009,957 | 35 | 60,651 | | 46,249,396 |
| 39. Pennsylvania.....PA | 1,634,180 | 241,396,092 | | 6,446 | 971,352 | 244,008,070 |
| 40. Rhode Island.....RI | 99,954 | 28,264,678 | | 9,244 | | 28,373,875 |
| 41. South Carolina.....SC | 632,889 | 96,586,859 | | 5,462 | 1,325,533 | 98,550,743 |
| 42. South Dakota.....SD | 65,311 | 10,168,056 | | 3,567 | 18,378 | 10,255,314 |
| 43. Tennessee.....TN | 709,502 | 166,534,133 | | 86,409 | 79,286 | 167,409,329 |
| 44. Texas.....TX | 3,937,958 | 196,913,917 | 56 | 10,421 | 714,837 | 201,577,187 |
| 45. Utah.....UT | 176,959 | 55,403,761 | | | 38,761 | 55,619,481 |
| 46. Vermont.....VT | 47,741 | 6,396,336 | | 18,900 | | 6,462,977 |
| 47. Virginia.....VA | 1,467,332 | 139,842,861 | 45 | 150,322 | | 141,460,560 |
| 48. Washington.....WA | 633,187 | 110,243,610 | 104 | 208,088 | 435,098 | 111,520,086 |
| 49. West Virginia.....WV | 140,229 | 22,297,380 | | | | 22,437,609 |
| 50. Wisconsin.....WI | 376,945 | 73,421,984 | | 206,425 | | 74,005,354 |
| 51. Wyoming.....WY | 35,661 | 4,310,717 | | | | 4,346,378 |
| 52. American Samoa.....AS | | | | | | 0 |
| 53. Guam.....GU | 121,250 | | | | | 121,250 |
| 54. Puerto Rico.....PR | 2,090 | | | | | 2,090 |
| 55. US Virgin Islands.....VI | 4,243 | | | | | 4,243 |
| 56. Northern Mariana Islands.....MP | | | | | | 0 |
| 57. Canada.....CAN | 16,139 | | | | | 16,139 |
| 58. Aggregate Other Alien.....OT | 59,495 | 223,942 | | | | 283,437 |
| 59. Totals..... | 37,478,290 | 4,114,888,911 | 1,738 | 2,547,456 | 14,310,085 | 4,169,226,480 |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|----------------|------------|-------------------|-----------|--------------|------|--|---|----------------------|---------------------------------------|--|---|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Members | | | | | | | | | | | | | | | |
| | | 31-1544320 | | 0000944707 | NYSE | American Financial Group, Inc. | OH | UIP | | | Ownership | | | .N. | |
| | | 31-6549738 | | | | American Financial Capital Trust II | DE | NIA | American Financial Group, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 16-6543606 | | | | American Financial Capital Trust III | DE | NIA | American Financial Group, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 16-6543609 | | | | American Financial Capital Trust IV | DE | NIA | American Financial Group, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 31-0996797 | | | | American Financial Enterprises, Inc. | CT | NIA | American Financial Group, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 31-0828578 | | | | American Money Management Corporation | OH | NIA | American Financial Group, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 27-1577326 | | | | American Real Estate Capital Company, LLC | OH | NIA | American Money Management Corporation | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 27-2829629 | | | | Mid-Market Capital Partners, LLC | DE | NIA | American Money Management Corporation | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 41-2112001 | | | | APU Holding Company | OH | NIA | American Financial Group, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 23-6000765 | | | | American Premier Underwriters, Inc. | PA | NIA | APU Holding Company | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 23-6297584 | | | | The Associates of the Jersey Company | NJ | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 37-1094159 | | | | Cal Coal, Inc. | IL | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 95-2802826 | | | | Great Southwest Corporation | DE | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 35-6001691 | | | | The Indianapolis Union Railway Company | IN | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 13-6400464 | | | | Lehigh Valley Railroad Company | PA | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 46-1665396 | | | | Pennsylvania Lehigh Oil & Gas Holdings LLC | PA | NIA | Lehigh Valley Railroad Company | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 20-1548213 | | | | Magnolia Alabama Holdings, Inc. | DE | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 20-1574094 | | | | Magnolia Alabama Holdings LLC | AL | NIA | Magnolia Alabama Holdings, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 46-1852532 | | | | Michigan Oil & Gas Holdings, LLC | MI | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 46-1480078 | | | | Ohio Oil & Gas Holdings, LLC | OH | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 13-6021353 | | | | The Owasco River Railway, Inc. | NY | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 31-1236926 | | | | PCC Real Estate, Inc. | NY | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 76-0080537 | | | | PCC Technical Industries, Inc. | DE | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 31-1388401 | | | | PCC Maryland Realty Corp. | MD | NIA | PCC Technical Industries, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 06-1209709 | | | | Penn Central Energy Management Company | DE | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 23-1537928 | | | | Penn Towers, Inc. | PA | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 46-3246684 | | | | Pennsylvania Oil & Gas Holdings, LLC | PA | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 23-6000766 | | | | Pennsylvania-Reading Seashore Lines | NJ | NIA | American Premier Underwriters, Inc. | | Ownership | 66.670 | American Financial Group, Inc. | .N. | |
| | | 23-6207599 | | | | Pittsburgh and Cross Creek Railroad Company | PA | NIA | American Premier Underwriters, Inc. | | Ownership | 83.00 | American Financial Group, Inc. | .N. | |
| | | 23-1707450 | | | | Terminal Realty Penn Co. | DC | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 23-1675796 | | | | Waynesburg Southern Railroad Company | PA | NIA | American Premier Underwriters, Inc. | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 98-1073776 | | | | GAI Insurance Company, Ltd. | BMU | IA | APU Holding Company | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | | | | | Great American Specialty & Affinity Limited | GBR | NIA | APU Holding Company | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 31-1446308 | | | | Hangar Acquisition Corp. | OH | NIA | APU Holding Company | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 91-1242743 | | | | Premier Lease & Loan Services Insurance Agency, Inc. | WA | NIA | APU Holding Company | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |
| | | 91-1508644 | | | | Premier Lease & Loan Services of Canada, Inc. | WA | NIA | APU Holding Company | | Ownership | 100.00 | American Financial Group, Inc. | .N. | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|---|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Influence, Other | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| | | 31-1262960 | | | | Risico Management Corporation | | DE | NIA | APU Holding Company | Ownership | 100.000 | American Financial Group, Inc | N | |
| | | 31-0823725 | | | | Dixie Terminal Corporation | | OH | NIA | American Financial Group, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | 98-0606803 | | | | GAI Holding Bermuda Ltd. | | BMU | NIA | American Financial Group, Inc. | Ownership | 69.990 | American Financial Group, Inc. | N | 2 |
| | | 98-0606803 | | | | GAI Holding Bermuda Ltd. | | BMU | NIA | GAI Australia Pty Ltd | Ownership | 30.010 | American Financial Group, Inc. | N | 2 |
| | | 98-0556144 | | | | GAI Indemnity, Ltd. | | GBR | IA | GAI Holding Bermuda Ltd | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Capital Limited | | GBR | NIA | GAI Holding Bermuda Ltd | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Holdings (U.K.) Limited | | GBR | NIA | Neon Capital Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Beat Capital Partners Limited | | GBR | NIA | Neon Holdings (U.K.) Limited | Ownership | 26.960 | American Financial Group, Inc. | N | |
| | | | | | | Tarian Underwriting Limited | | GBR | NIA | Beat Capital Partners Limited | Ownership | 60.000 | American Financial Group, Inc. | N | |
| | | 98-0412245 | | | | Lavenham Underwriting Limited | | GBR | IA | Neon Holdings (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Italy S.R.L. | | ITA | NIA | Neon Holdings (U.K.) Limited | Ownership | 60.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Management Services Limited | | GBR | NIA | Neon Holdings (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Sapphire Underwriting Limited | | GGY | NIA | Neon Holdings (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Service Company (U.K.) Limited | | GBR | NIA | Neon Holdings (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Marketform Australia Pty Limited | | AUS | NIA | Neon Service Company (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Studio Marketform SRL | | ITA | NIA | Neon Service Company (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Underwriting Bermuda Limited | | BMU | NIA | Neon Holdings (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Neon Underwriting Limited | | GBR | NIA | Neon Holdings (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Orca Services S/A | | DNK | NIA | Neon Holdings (U.K.) Limited | Ownership | 85.000 | American Financial Group, Inc. | N | |
| | | 98-0431601 | | | | Sampford Underwriting Limited | | GBR | IA | Neon Holdings (U.K.) Limited | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | | | | | Helium Holdings Limited | | BMU | NIA | American Financial Group, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | 6 |
| | | | | | | Neon Employee Ownership LLC | | DE | NIA | Helium Holdings Limited | Ownership | 23.350 | | N | 6 |
| | | | | | | GAI Australia Pty Ltd | | AUS | NIA | Neon Employee Ownership LLC | Ownership | 100.000 | American Financial Group, Inc. | N | 6 |
| | | 06-1356481 | | | | Great American Financial Resources, Inc. | | DE | UDP | American Financial Group, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | 1 |
| | | 31-1422717 | | | | AAG Insurance Agency, Inc. | | KY | NIA | Great American Financial Resources, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | 34-1017531 | | | | Ceres Group, Inc. | | DE | NIA | Great American Financial Resources, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | 47-0717079 | | | | Continental General Corporation | | NE | NIA | Ceres Group, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | 34-1947042 | | | | QQAgency of Texas, Inc. | | TX | NIA | Ceres Group, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | 31-1395344 | | | | Great American Advisors, Inc. | | OH | NIA | Great American Financial Resources, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | |
| 0084 | American Financial Group, Inc. | 63312... | 13-1935920 | | | Great American Life Insurance Company | | OH | RE | Great American Financial Resources, Inc. | Ownership | 100.000 | American Financial Group, Inc. | N | |
| 0084 | American Financial Group, Inc. | 93661... | 31-1021738 | | | Annuity Investors Life Insurance Company | | OH | DS | Great American Life Insurance Company | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | 27-4078277 | | | | Bay Bridge Marina Hemingway's Restaurant, LLC | | MD | DS | Great American Life Insurance Company | Ownership | 85.000 | American Financial Group, Inc. | N | |
| | | 27-0513333 | | | | Bay Bridge Marina Management, LLC | | MD | DS | Great American Life Insurance Company | Ownership | 85.000 | American Financial Group, Inc. | N | |
| | | 20-1246122 | | | | Brothers Management, LLC | | FL | DS | Great American Life Insurance Company | Ownership | 99.000 | American Financial Group, Inc. | Y | |
| | | 81-3737639 | | | | Charleston Harbor Fishing, LLC | | SC | DS | Great American Life Insurance Company | Ownership | 100.000 | American Financial Group, Inc. | N | |
| | | 47-5618395 | | | | GA Key Lime, LLC | | OH | DS | Great American Life Insurance Company | Ownership | 50.000 | American Financial Group, Inc. | N | 2 |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|---|----------------------|---|--|---|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Influence, Other | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| | | 47-5618395 | | | | GA Key Lime, LLC. | OH..... | DS..... | Great American Insurance Company..... | Ownership..... | 50.000 | American Financial Group, Inc. |N..... | 2.... | |
| | | 20-4604276 | | | | GALIC - Bay Bridge Marina, LLC. | MD..... | DS..... | Great American Life Insurance Company..... | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 31-1391777 | | | | GALIC Brothers, Inc. | OH..... | DS..... | Great American Life Insurance Company..... | Ownership..... | 100.000 | American Financial Group, Inc. |Y..... | | |
| | | 26-3260520 | | | | Manhattan National Holding Corporation..... | OH..... | DS..... | Great American Life Insurance Company..... | Ownership..... | 100.000 | American Financial Group, Inc. |Y..... | | |
| | | 67083... | 45-0252531 | | | Manhattan National Life Insurance Company..... | OH..... | DS..... | Manhattan National Holding Corporation..... | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 52-2179330 | | | | Skipjack Marina Corp. | MD..... | DS..... | Great American Life Insurance Company..... | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 42-1575938 | | | | Great American Holding, Inc. | OH..... | NIA..... | American Financial Group, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 27-3062314 | | | | Agricultural Services, LLC. | OH..... | NIA..... | Great American Holding, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | AA-1784136 | | | | Great American International Insurance Designated Activity Company. | IRL..... | IA..... | Great American Holding, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 23418... | 73-0556513 | | | Mid-Continent Casualty Company | OH..... | IA..... | Great American Holding, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 15380... | 73-1406844 | | | Mid-Continent Assurance Company | OH..... | IA..... | Mid-Continent Casualty Company | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 13794... | 38-3803661 | | | Mid-Continent Excess and Surplus Insurance Company | DE..... | IA..... | Mid-Continent Casualty Company | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 30-0571535 | | | | Mid-Continent Specialty Insurance Services, Inc. | OK..... | NIA..... | Mid-Continent Casualty Company | Ownership..... | 100.000 | American Financial Group, Inc. |Y..... | | |
| | | 23426... | 73-0773259 | | | Oklahoma Surety Company | OH..... | IA..... | Mid-Continent Casualty Company | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 34-1607394 | | | | National Interstate Corporation | OH..... | NIA..... | Great American Holding, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 34-1899058 | | | | American Highways Insurance Agency, Inc. | OH..... | NIA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 31-1548235 | | | | Explorer RV Insurance Agency, Inc. | OH..... | NIA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 98-0191335 | | | | Hudson Indemnity, Ltd. | CYM..... | IA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 66-0660039 | | | | Hudson Management Group, Ltd. | VIR..... | NIA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 34-1607396 | | | | National Interstate Insurance Agency, Inc. | OH..... | NIA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 36-4670968 | | | | Commercial For Hire Transportation Purchasing Group | SC..... | NIA..... | National Interstate Insurance Agency, Inc. | Management..... | | American Financial Group, Inc. |N..... | 5.... | |
| | | 32620... | 34-1607395 | | | National Interstate Insurance Company | OH..... | IA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 11051... | 99-0345306 | | | National Interstate Insurance Company of Hawaii, Inc. | OH..... | IA..... | National Interstate Insurance Company | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 43-1254631 | | | | TransProtection Service Company | MO..... | NIA..... | National Interstate Insurance Company | Ownership..... | 100.000 | American Financial Group, Inc. |Y..... | | |
| | | 41106... | 95-3623282 | | | Triumphre Casualty Company | OH..... | IA..... | National Interstate Insurance Company | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 21172... | 86-0114294 | | | Vanliner Insurance Company | MO..... | IA..... | National Interstate Insurance Company | Ownership..... | 100.000 | American Financial Group, Inc. |Y..... | | |
| | | 20-5546054 | | | | Safety Claims & Litigation Services, LLC. | MT..... | NIA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 46-4570914 | | | | Safety, Claims and Litigation Services, LLC. | OH..... | NIA..... | National Interstate Corporation | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 22179... | 95-2801326 | | | Republic Indemnity Company of America | CA..... | IA..... | Great American Holding, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 43753... | 31-1054123 | | | Republic Indemnity Company of California | CA..... | IA..... | Republic Indemnity Company of America | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 59-1683711 | | | | Summit Consulting, LLC | FL..... | NIA..... | Great American Holding, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 59-3385208 | | | | Heritage Summit Healthcare, LLC | FL..... | NIA..... | Summit Consulting, LLC | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 82-2462705 | | | | Summit Real Estate Holdings, LLC | FL..... | NIA..... | Summit Consulting, LLC | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 59-3409855 | | | | Summit Holding Southeast, Inc. | FL..... | NIA..... | Great American Holding, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 10701... | 59-1835212 | | | Bridgefield Employers Insurance Company | FL..... | IA..... | Summit Holding Southeast, Inc. | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |
| | | 10335... | 59-3269531 | | | Bridgefield Casualty Insurance Company | FL..... | IA..... | Bridgefield Employers Insurance Company | Ownership..... | 100.000 | American Financial Group, Inc. |N..... | | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------------------|-------------------|------------|--------------|-------|--|---|----------------------|--|--|---|---|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Influence, Other Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| 0084 | American Financial Group, Inc. | 16691... | 31-0501234 | ..... | ..... | Great American Insurance Company..... | OH..... | UDP..... | American Financial Group, Inc..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 35351... | 31-0912199 | ..... | ..... | American Empire Surplus Lines Insurance Company..... | DE..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 37990... | 31-0973761 | ..... | ..... | American Empire Insurance Company..... | OH..... | IA..... | American Empire Surplus Lines Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | 59-1671722 | ..... | ..... | ..... | American Empire Underwriters, Inc..... | TX..... | NIA..... | American Empire Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 31-1463075 | ..... | ..... | ..... | American Signature Underwriters, Inc..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 59-2840291 | ..... | ..... | ..... | Brothers Property Corporation..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 25-1754638 | ..... | ..... | ..... | Brothers Pennsylvanian Corporation..... | PA..... | NIA..... | Brothers Property Corporation..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | 59-2840294 | ..... | ..... | ..... | Brothers Property Management Corporation..... | OH..... | NIA..... | Brothers Property Corporation..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | 20-4498054 | ..... | ..... | ..... | Crescent Centre Apartments..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | 1... |
| ..... | ..... | 31-1277904 | ..... | ..... | ..... | Crop Managers Insurance Agency, Inc..... | KS..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 31-0589001 | ..... | ..... | ..... | Dempsey & Siders Agency, Inc..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 31-1341668 | ..... | ..... | ..... | Eden Park Insurance Brokers, Inc..... | CA..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... | El Aguila, Compañía de Seguros, S.A. de C.V..... | MEX..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... | Financiadora de Primas Condor, S.A. de C.V..... | MEX..... | NIA..... | El Aguila, Compañía de Seguros, S.A. de C.V..... | ..... | Ownership..... |99.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | 39-1404033 | ..... | ..... | ..... | Farmers Crop Insurance Alliance, Inc..... | KS..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 13-3628555 | ..... | ..... | ..... | FCIA Management Company, Inc..... | NY..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... | Foreign Credit Insurance Association..... | NY..... | OTH..... | Great American Insurance Company..... | ..... | Management..... | ..... | American Financial Group, Inc..... |N..... | 3... |
| ..... | ..... | 81-0814136 | ..... | ..... | ..... | GAI Mexico Holdings, LLC..... | DE..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | 31-1753938 | ..... | ..... | ..... | GAI Warranty Company..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 31-1765544 | ..... | ..... | ..... | GAI Warranty Company of Florida..... | FL..... | NIA..... | GAI Warranty Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | 61-1329718 | ..... | ..... | ..... | Global Premier Finance Company..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | 74-2693636 | ..... | ..... | ..... | Great American Agency of Texas, Inc..... | TX..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| 0084 | American Financial Group, Inc. | 26832... | 95-1542353 | ..... | ..... | Great American Alliance Insurance Company..... | OH..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 26344... | 15-6020948 | ..... | ..... | Great American Assurance Company..... | OH..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 39896... | 61-0983091 | ..... | ..... | Great American Casualty Insurance Company..... | OH..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 10646... | 36-4079497 | ..... | ..... | Great American Contemporary Insurance Company..... | OH..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 37532... | 31-0954439 | ..... | ..... | Great American E & S Insurance Company..... | DE..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 41858... | 31-1036473 | ..... | ..... | Great American Fidelity Insurance Company..... | DE..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | ..... | 31-1652643 | ..... | ..... | Great American Insurance Agency, Inc..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| 0084 | American Financial Group, Inc. | 22136... | 13-5539046 | ..... | ..... | Great American Insurance Company of New York..... | NY..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| 0084 | American Financial Group, Inc. | 38024... | 31-0974853 | ..... | ..... | Great American Lloyd's Insurance Company..... | TX..... | IA..... | Great American Insurance Company..... | ..... | Other..... | ..... | American Financial Group, Inc..... |N..... | 4... |
| ..... | ..... | ..... | 31-1073664 | ..... | ..... | Great American Lloyd's, Inc..... | TX..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| ..... | ..... | ..... | 31-0856644 | ..... | ..... | Great American Management Services, Inc..... | OH..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| 0084 | American Financial Group, Inc. | 38580... | 31-1288778 | ..... | ..... | Great American Protection Insurance Company..... | OH..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |
| ..... | ..... | ..... | 31-0918893 | ..... | ..... | Great American Re Inc..... | DE..... | NIA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |Y..... | ..... |
| 0084 | American Financial Group, Inc. | 31135... | 31-1209419 | ..... | ..... | Great American Security Insurance Company..... | OH..... | IA..... | Great American Insurance Company..... | ..... | Ownership..... |100.000 | American Financial Group, Inc..... |N..... | ..... |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------------------|-------------------|------------|--------------|-----|--|---|----------------------|---------------------------------------|--|---|---|--|----------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Influence | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? | * |
| 0084 | American Financial Group, Inc. | 33723... | 31-1237970 | | | Great American Spirit Insurance Company..... | OH..... | IA..... | Great American Insurance Company..... | Ownership..... | ...100.000 | American Financial Group, Inc. |N..... | | |
| | | AA-1120817 | | | | Insurance (GB) Limited..... | GBR..... | IA..... | Great American Insurance Company..... | Ownership..... | ...100.000 | American Financial Group, Inc. |Y..... | | |
| | | 59-1263251 | | | | Key Largo Group, Inc..... | FL..... | NIA..... | Great American Insurance Company..... | Ownership..... | ...100.000 | American Financial Group, Inc. |Y..... | | |
| | | 871850814 | | | | PLLS Canada Insurance Brokers Inc..... | CAN..... | NIA..... | Great American Insurance Company..... | Ownership..... | ...49.000 | American Financial Group, Inc. |Y..... | | |
| | | 31-1293064 | | | | Professional Risk Brokers, Inc..... | IL..... | NIA..... | Great American Insurance Company..... | Ownership..... | ...100.000 | American Financial Group, Inc. |Y..... | | |
| | | 31-0686194 | | | | One East Fourth, Inc..... | OH..... | NIA..... | American Financial Group, Inc..... | Ownership..... | ...100.000 | American Financial Group, Inc. |N..... | | |
| | | 31-0883227 | | | | Pioneer Carpet Mills, Inc..... | OH..... | NIA..... | American Financial Group, Inc..... | Ownership..... | ...100.000 | American Financial Group, Inc. |N..... | | |
| | | 31-1119320 | | | | TEJ Holdings, Inc..... | OH..... | NIA..... | American Financial Group, Inc..... | Ownership..... | ...100.000 | American Financial Group, Inc. |N..... | | |
| | | 31-0728327 | | | | Three East Fourth, Inc..... | OH..... | NIA..... | American Financial Group, Inc..... | Ownership..... | ...100.000 | American Financial Group, Inc. |N..... | | |

Asterisk Explanation

| | |
|---|--|
| 1 | Another affiliated company owns 1% or less of the shares. |
| 2 | The entity is owned by more than one company within the AFG Group. |
| 3 | Great American Insurance Company is the majority member of the Association. |
| 4 | Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company. |
| 5 | Company is affiliated but not owned. |
| 6 | The entity is owned by more than one company within the AFG Group. American Financial Group, Inc. effectively owns 77% of GAI Holding Bermuda Ltd. ; the senior management of Neon Capital Limited, through their ownership of Neon Employee Ownership LLC, owns the remaining 23% of GAI Holding Bermuda Ltd. through their ownership of GAI Australia Pty Ltd. |

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 | | | | | | | | | | | | |
| 00000..... | 31-1544320..... | American Financial Group, Inc..... | 717,714,806 |(153,650,943) | ..... | ..... | ..... | 265,715,399 | ..... | ..... | ..... | .829,779,262 |
| 00000..... | 98-1073776..... | GAI Insurance Company, Ltd..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....0 |(3,564,000) |
| 00000..... | ..... | Lloyd's Syndicate 2468..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....0 |(1,865,000) |
| 00000..... | 06-1356481..... | Great American Financial Resources, Inc..... | 225,000,000 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....225,000,000 | ..... |
| 63312..... | 13-1935920..... | Great American Life Insurance Company..... |(225,000,000) | 17,643,118 | ..... | ..... | ..... | .....(178,381,835) | ..... | ..... | .....(385,738,717) | ..... |
| 00000..... | 47-5618395..... | GA Key Lime, LLC..... | ..... | .....(31,311,628) | ..... | ..... | ..... | ..... | ..... | ..... | .....(31,311,628) | ..... |
| 00000..... | 45-5565693..... | GALIC - Sorrento, LLC..... | ..... | .....88 | ..... | ..... | ..... | ..... | ..... | ..... | .....88 | ..... |
| 00000..... | 45-1144095..... | GALIC Pointe, LLC..... | ..... | .....(11,426) | ..... | ..... | ..... | ..... | ..... | ..... | .....(11,426) | ..... |
| 00000..... | 42-1575938..... | Great American Holding, Inc..... | 175,000,000 |(15,000,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....160,000,000 | ..... |
| 00000..... | ..... | Great American International Insurance Designated Activity Company..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....0 |29,718,000 |
| 23418..... | 73-0556513..... | Mid-Continent Casualty Company..... | ..... | 15,000,000 | ..... | ..... | ..... | ..... | ..... | .....* | .....15,000,000 |(3,482,000) |
| 00000..... | 34-1607394..... | National Interstate Corporation..... | 70,000,000 | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....70,000,000 | ..... |
| 00000..... | 98-0191335..... | Hudson Indemnity, Ltd..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....0 |(289,533,000) |
| 32620..... | 34-1607395..... | National Interstate Insurance Company..... |(52,300,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(52,300,000) |224,322,000 |
| 11051..... | 99-0345306..... | National Interstate Insurance Company of Hawaii, Inc..... |(1,300,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(1,300,000) |16,571,000 |
| 00000..... | 43-1254631..... | TransProtection Service Company..... |(500,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(500,000) | ..... |
| 41106..... | 95-3623282..... | Triumphé Casualty Company..... |(1,900,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(1,900,000) |16,338,000 |
| 21172..... | 86-0114294..... | Vanliner Insurance Company..... |(14,000,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(14,000,000) |32,559,000 |
| 22179..... | 95-2801326..... | Republic Indemnity Company of America..... |(175,000,000) | 7,000,000 | ..... | ..... | ..... | ..... | ..... | .....* | .....(168,000,000) |(51,315,000) |
| 43753..... | 31-1054123..... | Republic Indemnity Company of California..... | ..... | .....(7,000,000) | ..... | ..... | ..... | ..... | ..... | .....* | .....(7,000,000) | ..... |
| 10335..... | 59-3269531..... | Bridgefield Casualty Insurance Company..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....0 |(1,173,000) |
| 16691..... | 31-0501234..... | Great American Insurance Company..... |(679,377,806) | 167,080,791 | ..... | ..... | ..... | .....(87,333,564) | ..... | .....* | .....(599,630,579) |(715,000) |
| 35351..... | 31-0912199..... | American Empire Surplus Lines Insurance Company..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....0 |32,049,000 |
| 00000..... | 59-2840291..... | Brothers Property Corporation..... |(25,400,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(25,400,000) | ..... |
| 00000..... | 31-0589001..... | Dempsey & Siders Agency, Inc..... | ..... | 250,000 | ..... | ..... | ..... | ..... | ..... | .....* | .....250,000 | ..... |
| 00000..... | 13-3628555..... | FCIA Management Company, Inc..... |(237,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(237,000) | ..... |
| 00000..... | 31-1765544..... | GAI Warranty Company of Florida..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....0 |1,361,000 |
| 00000..... | 61-1329718..... | Global Premier Finance Company..... |(1,300,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(1,300,000) | ..... |
| 26832..... | 95-1542353..... | Great American Alliance Insurance Company..... |(3,000,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(3,000,000) | ..... |
| 26344..... | 15-6020948..... | Great American Assurance Company..... |(1,500,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(1,500,000) | ..... |
| 00000..... | 31-1652643..... | Great American Insurance Agency, Inc..... |(400,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(400,000) | ..... |
| 38024..... | 31-0974853..... | Great American Lloyd's Insurance Company..... |(2,000,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....0 |1,835,000 |
| 38580..... | 31-1288778..... | Great American Protection Insurance Company..... |(4,500,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(2,000,000) | ..... |
| 00000..... | 31-1293064..... | Professional Risk Brokers, Inc..... |(4,500,000) | ..... | ..... | ..... | ..... | ..... | ..... | .....* | .....(4,500,000) | ..... |
| 9999999..... | Control Totals..... | ..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| | | | | | | | | | | | |3,106,000 |

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

| 1 NAIC Company Code | 2 ID Number | 3 Names of Insurers and Parent, Subsidiaries or Affiliates | 4 Shareholder Dividends | 5 Capital Contributions | 6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8 Management Agreements and Service Contracts | 9 Income/ (Disbursements) Incurred under Reinsurance Agreements | 10 * | 11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12 Totals | 13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|------------------------------|-------------------|---|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
|------------------------------|-------------------|---|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|

Pooling Information

| NAIC Code | Name of Insurer | Pooling % | NAIC Code | Name of Insurer | Pooling % |
|-----------|---|-----------|-----------|---|-----------|
| 35351 | American Empire Surplus Lines Insurance Company | 100.00% | 16691 | Great American Insurance Company | 100.00% |
| 37990 | American Empire Insurance Company | | 26832 | Great American Alliance Insurance Company | |
| | | | 26344 | Great American Assurance Company | |
| 23418 | Mid-Continent Casualty Company | 100.00% | 39896 | Great American Casualty Insurance Company | |
| 15380 | Mid-Continent Assurance Company | | 10646 | Great American Contemporary Insurance Company | |
| 23426 | Oklahoma Surety Company | | 37532 | Great American E & S Insurance Company | |
| 13794 | Mid-Continent Excess and Surplus Insurance Company | | 41858 | Great American Fidelity Insurance Company | |
| 22179 | Republic Indemnity Company of America | 100.00% | 22136 | Great American Insurance Company of New York | |
| 43753 | Republic Indemnity Company of California | | 38580 | Great American Protection Insurance Company | |
| 10701 | Bridgefield Employers Insurance Company | | 31135 | Great American Security Insurance Company | |
| 10335 | Bridgefield Casualty Insurance Company | | 33723 | Great American Spirit Insurance Company | |
| 32620 | National Interstate Insurance Company | 70.00% | | | |
| 21172 | Vanliner Insurance Company | 26.00% | | | |
| 11051 | National Interstate Insurance Company of Hawaii, Inc. | 2.00% | | | |
| 41106 | Triumph Casualty Company | 2.00% | | | |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
4. Will an actuarial opinion be filed by March 1?

Responses

YES
YES
YES
YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?
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?
7. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

YES
YES
YES
YES

JUNE FILING

9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
YES

AUGUST FILING

11. Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

WAIVED

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
14. Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?
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?
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?
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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?
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

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?
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
45. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?
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?
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?
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?
50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
51. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?
52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?

YES
YES
YES
SEE EXPLANATION
YES
YES
YES
SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION
YES
SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION
YES
SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION
SEE EXPLANATION
YES
SEE EXPLANATION
SEE EXPLANATION
YES
SEE EXPLANATION

AUGUST FILING

53. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

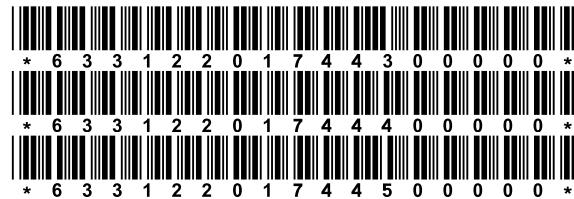
Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
12. NOT APPLICABLE
- 13.
14. NOT APPLICABLE
- 15.
- 16.
- 17.
18. NOT APPLICABLE
19. NOT APPLICABLE
20. NOT APPLICABLE
- 21.
22. NOT APPLICABLE
23. NOT APPLICABLE
24. NOT APPLICABLE
- 25.
26. NOT APPLICABLE
27. NOT APPLICABLE
28. NOT APPLICABLE
29. NOT APPLICABLE
30. NOT APPLICABLE
31. NOT APPLICABLE
32. NOT APPLICABLE
33. NOT APPLICABLE
34. NOT APPLICABLE
- 35.

BAR CODE:



Annual Statement for the year 2017 of the **GREAT AMERICAN 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. NOT APPLICABLE

37. NOT APPLICABLE

38. NOT APPLICABLE

39. NOT APPLICABLE

40.

41.

42.

43.

44. NOT APPLICABLE

45.

46.

47.

48. NOT APPLICABLE

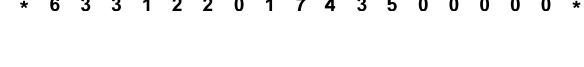
49. NOT APPLICABLE

50. NOT APPLICABLE

51.

52. NOT APPLICABLE

53.



Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
Overflow Page for Write-Ins

Additional Write-ins for Assets:

| | Current Statement Date | | | 4 December 31, Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 2504. Accrued contractual fee income..... | 31,327,304 | | 31,327,304 | 26,907,013 |
| 2505. Inventory and prepaid assets on real estate holdings..... | 3,311,768 | 3,311,768 | 0 | |
| 2506. Accounts receivable..... | 242,025 | 173,483 | 68,542 | 68,542 |
| 2597. Summary of remaining write-ins for Line 25..... | 34,881,097 | 3,485,251 | 31,395,846 | 26,975,555 |

Additional Write-ins for Liabilities:

| | 1 Current Statement Date | 2 December 31 Prior Year |
|---|--------------------------------|--------------------------------|
| 2504. Unfunded commitment fee liability..... | 893,267 | 1,512,739 |
| 2597. Summary of remaining write-ins for Line 25..... | 893,267 | 1,512,739 |

Additional Write-ins for Summary of Operations:

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 08.304 Miscellaneous income..... | 26,192 | 24,619 |
| 08.397 Summary of remaining write-ins for Line 8.3..... | 26,192 | 24,619 |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

| | 1 Total | 2 Industrial Life | Ordinary | | | 6 Credit Life (Group and Individual) | Group | | Accident and Health | | | 12 Aggregate of All Other Lines of Business |
|--|------------|-------------------------|------------------------|------------------------------|---------------------------------|---|---------------------------|----------------|---------------------|--|-------------|--|
| | | | 3 Life Insurance | 4 Individual Annuities | 5 Supplementary Contracts | | 7 Life Insurance(a) | 8 Annuities | 9 Group | 10 Credit (Group and Individual) | 11 Other | |
| 08.304. Miscellaneous income..... | ..26,192 | | | ..26,192 | | | | | | | | |
| 08.397. Summary of remaining write-ins for Line 8.3..... | ..26,192 | 0 | 0 | ..26,192 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Alabama



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--|----------------|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------------|-------------|-----------|---------|--------|--------|----------|
|YES..... | 1MSPD0001..... | D..... | NO..... | 34000..... | 03/11/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |41,202 |25,108 |60.9 |12 | ..... | ..... | .....0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 03/11/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |22,164 |7,362 |33.2 |6 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 03/11/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |36,531 |15,375 |42.1 |9 | ..... | ..... | .....0.0 |
| 0199999. Total Policy Experience on Individual Policies..... | | | | | | | | | |99,897 |47,845 |47.9 |27 |0 |0 |0.0 |

360.AL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Colorado



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|--------|---------|------------|-----------------|-------|-------|-------------|--------------------------|-------|--------|-------|-------|-------|------|-------|--------|-------|-------|-------|-----|-------|
|YES..... | 1MSPF001..... | F..... | NO..... | 34060..... | 12/24/2007..... | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 17,836 | ..... | 3,660 | ..... | 20.5 | ..... | 5..... | ..... | ..... | ..... | 0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... |  |  |  |  |  |  |  |  | ..... | 17,836 | ..... | 3,660 | ..... | 20.5 | ..... | 5..... | ..... | 0 | ..... | 0.0 | ..... |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Florida



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|------------|--|--|--------------------------|--------------|--------------|------------|----------|--------|--------|----------|
|YES..... | 1MSPB0001..... | B..... | NO..... | 34060..... | 10/19/2006 | 10/16/2009 | | | MEDICARE SUPPLEMENT..... |493 |714 |144.8 | | | |0.0 |
|YES..... | 1MSPC0001..... | C..... | NO..... | 34060..... | 10/19/2006 | 10/16/2009 | | | MEDICARE SUPPLEMENT..... |17,826 |15,790 |88.6 |5 | | |0.0 |
|YES..... | 1MSPD0001..... | D..... | NO..... | 34060..... | 10/19/2006 | 10/16/2009 | | | MEDICARE SUPPLEMENT..... |146,082 |139,022 |95.2 |56 | | |0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 10/19/2006 | 10/16/2009 | | | MEDICARE SUPPLEMENT..... |150,080 |94,295 |62.8 |48 | | |0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 10/19/2006 | 10/16/2009 | | | MEDICARE SUPPLEMENT..... |78,887 |49,043 |62.2 |29 | | |0.0 |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | |393,368 |298,864 |76.0 |138 |0 |0 |0 |

360.FL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Georgia



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--|----------------|--------|---------|------------|------------|-------|-------|-------------|--------------------------|---------|------------|-------------|--------|--------|--------|----------|
|YES..... | 1MSPD0001..... | D..... | NO..... | 34060..... | 02/25/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 2,943 |1,731 |58.8 |1 | ..... | ..... | .....0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 02/25/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | (4,006) |1,403 |(35.0) |2 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 02/25/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 9,927 |1,903 |19.2 |3 | ..... | ..... | .....0.0 |
| 0199999. Total Policy Experience on Individual Policies..... | | | | | | | | | | 8,864 |5,037 |56.8 |6 |0 |0 |0 |

360.GA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Iowa



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|-----------|---------|--------|--------|----------|--------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 02/24/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |220,507 |160,470 |72.8 |61 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 02/24/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |6,031 |3,296 |54.7 |2 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | |226,538 |163,766 |72.3 |63 |0 |0 |0.0 |0 |

360.IA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Illinois



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------------|-------------|-----------|---------|--------|--------|----------|--------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 02/09/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |63,343 |33,922 |53.6 |17 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 02/09/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |2,691 |1,759 |65.4 |1 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... |  |  |  |  |  |  |  | ..... | .....66,034 |35,681 |54.0 |18 |0 |0 |0.0 |0 |

360.II

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Indiana



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|------------|---------|--------|--------|----------|--------|
|YES..... | 1MSPD0001..... | D..... | NO..... | 34000..... | 12/14/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |73,792 |83,040 |112.5 |26 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 12/14/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |138,549 |84,164 |60.7 |45 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 12/14/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |29,066 |6,705 |23.1 |10 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | |241,407 |173,909 |72.0 |81 |0 |0 |0.0 |0 |

360-IN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Kansas



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--|----------------|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|------------|---------|--------|--------|----------|
|YES..... | 1MSPD0001..... | D..... | NO..... | 34060..... | 12/19/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |12,593 |36,048 |286.3 |4 | ..... | ..... | .....0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 12/19/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |133,996 |165,885 |123.8 |36 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 12/19/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |63,467 |51,244 |80.7 |19 | ..... | ..... | .....0.0 |
| 0199999. Total Policy Experience on Individual Policies..... | | | | | | | | | |210,056 |253,177 |120.5 |59 |0 |0 |0 |

360.KS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Kentucky



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|------------|----------|--------|--------|----------|
|YES..... | 1MSPB0001..... | B..... | NO..... | 34060..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |5,114 |(128) |(2.5) |1 | ..... | ..... | .....0.0 |
|YES..... | 1MSPC0001..... | C..... | NO..... | 34060..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |3,625 |2,380 |65.7 |1 | ..... | ..... | .....0.0 |
|YES..... | 1MSPD0001..... | D..... | NO..... | 34060..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |28,839 |40,860 |141.7 |9 | ..... | ..... | .....0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |406,779 |365,592 |89.9 |105 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |55,996 |44,928 |80.2 |14 | ..... | ..... | .....0.0 |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | |500,353 |453,632 |90.7 |130 |0 |0 |0 |

360.KY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Michigan



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|--------|---------|------------|-----------------|-------|-------------|--------------------------|-------|-------|-------|--------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|YES..... | 1MSPF001..... | F..... | NO..... | 34000..... | 10/04/2007..... | | .05/31/2010 | MEDICARE SUPPLEMENT..... | | 8,279 | | 12,096 | | 146.1 | | 1 | | | | 0.0 | | |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | | 8,279 | | 12,096 | | 146.1 | | 1 | | 0 | | 0.0 | |

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Missouri



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|------------|---------|--------|----------|----------|-------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 10/22/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |128,764 |107,789 |83.7 |34 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 10/22/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |20,270 |33,942 |167.4 |6 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | |149,034 |141,731 |95.1 |40 |0 |0 |0.0 |0 | |

360.MO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 04/27/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | ..... | (46) | ..... | 0.0 | ..... | ..... | ..... | ..... | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 04/27/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 2,683 | ..... | 439 | ..... | 16.4 | ..... | 1 | ..... | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... |  |  |  |  |  |  |  |  | ..... | 2,683 | ..... | 393 | ..... | 14.6 | ..... | 1 | ..... | 0 |

360.MS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|---------|--------------|------------|----------|--------|--------|----------|
|YES..... | 1MSPC0001..... | C..... | NO..... | 34000..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 7,812 |10,804 |138.3 |2 | ..... | ..... | .....0.0 |
|YES..... | 1MSPD0001..... | D..... | NO..... | 34000..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 4,819 |4,853 |100.7 |1 | ..... | ..... | .....0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 370,345 |243,543 |65.8 |87 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 02/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 99,964 |68,841 |68.9 |26 | ..... | ..... | .....0.0 |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | 482,940 |328,041 |67.9 |116 |0 |0 |0 |

360.NC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Nebraska



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------------|-------------|-----------|---------|--------|----------|----------|-------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 10/18/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |58,661 |37,198 |63.4 |15 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 10/18/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |8,850 |3,957 |44.7 |3 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | |67,511 |41,155 |61.0 |18 |0 |0 |0.0 |0 | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....New Hampshire



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------|--------|-------|-------|-------|------|-------|---|-------|-------|-------|-----|-------|
|YES..... | 1MSPD0001..... | D..... | NO..... | 34060..... | 12/06/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 3,144 | ..... | 66 | ..... | 2.1 | ..... | 1 | ..... | ..... | ..... | 0.0 | ..... |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 12/06/2007 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 12,269 | ..... | 3,359 | ..... | 27.4 | ..... | 3 | ..... | ..... | ..... | 0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... |  |  |  |  |  |  |  |  | ..... | 15,413 | ..... | 3,425 | ..... | 22.2 | ..... | 4 | ..... | 0 | ..... | 0.0 | ..... |

360 NH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Nevada



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|--------|---------|------------|------------------|-------|-------------|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 09/26/2008 | | .05/31/2010 | MEDICARE SUPPLEMENT..... | | 4,702 | | 2,219 | | 47.2 | | 1 | | | | 0.0 | | |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | | 4,702 | | 2,219 | | 47.2 | | 1 | | 0 | | 0.0 | |

360.NV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

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....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--|----------------|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------|-------------|-----------|---------|--------|--------|----------|
|YES..... | 1MSPC0001..... | C..... | NO..... | 34000..... | 01/23/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 7,453 |3,803 |51.0 |2 | ..... | ..... | .....0.0 |
|YES..... | 1MSPD0001..... | D..... | NO..... | 34000..... | 01/23/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 33,031 |19,432 |58.8 |8 | ..... | ..... | .....0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 01/23/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 37,768 |32,725 |86.6 |10 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 01/23/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | 15,250 |11,094 |72.7 |3 | ..... | ..... | .....0.0 |
| 0199999. Total Policy Experience on Individual Policies..... | | | | | | | | | | 93,502 |67,054 |71.7 |23 |0 |0 |0 |

360.OH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Oklahoma



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|-------------|-----------|---------|--------|----------|----------|-------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 04/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |161,319 |88,010 |54.6 |43 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 04/26/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |36,026 |32,828 |91.1 |11 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | |197,345 |120,838 |61.2 |54 |0 |0 |0.0 |0 | |

360.OK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Oregon



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | |
|---------------|---|--------|---------|------------|-----------------|-------|-------------|--------------------------|-------------|-------------|-----------|--------|--------|--------|----------|--------|
|YES..... | 1MSPF001..... | F..... | NO..... | 34060..... | 01/09/2008..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |16,987 |11,814 |69.5 |5 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | |16,987 |11,814 |69.5 |5 |0 |0 |0.0 |0 |

360.OR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania

NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------|--------|-------|--------|-------|-------|-------|-----|-------|-------|-------|-----|-------|
|YES..... | 1MSPD0001..... | D..... | NO..... | 34060..... | 09/30/2008 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 6,958 | ..... | 930 | ..... | 13.4 | ..... | 2 | ..... | ..... | ..... | 0.0 | ..... |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 09/30/2008 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 22,557 | ..... | 23,967 | ..... | 106.3 | ..... | 7 | ..... | ..... | ..... | 0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 09/30/2008 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 6,410 | ..... | 5,080 | ..... | 79.3 | ..... | 2 | ..... | ..... | ..... | 0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... |  |  |  |  |  |  |  |  | ..... | 35,925 | ..... | 29,977 | ..... | 83.4 | ..... | .11 | ..... | 0 | ..... | 0.0 | ..... |

360.PA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--|----------------|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|-----------|----------|--------|--------|----------|--------|
|YES..... | 1MSPD0001..... | D..... | NO..... | 34000..... | 02/18/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |13,729 |3,007 |21.9 |4 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 02/18/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |215,689 |137,523 |63.8 |58 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 02/18/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |352,960 |139,961 |39.7 |97 | ..... | ..... | .....0.0 | ..... |
| 0199999. Total Policy Experience on Individual Policies..... | | | | | | | | | |582,378 |280,491 |48.2 |159 |0 |0 |0.0 |0 |

360.SC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Tennessee



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|-----------|---------|--------|--------|----------|--------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34060..... | 02/13/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |285,990 |218,598 |76.4 |61 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34060..... | 02/13/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |71,510 |40,093 |56.1 |20 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... |  |  |  |  |  |  |  | ..... | .....357,500 |258,691 |72.4 |81 |0 |0 |0.0 |0 |

360.TN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Texas



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--|----------------|--------|---------|------------|------------|-------|-------|-------------|--------------------------|--------------|--------------|------------|---------|--------|--------|----------|
|YES..... | 1MSPA0001..... | A..... | NO..... | 34060..... | 01/09/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |8,603 |6,751 |78.5 |3 | ..... | ..... | .....0.0 |
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 01/09/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |186,360 |187,267 |100.5 |45 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 01/09/2004 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |49,371 |35,489 |71.9 |13 | ..... | ..... | .....0.0 |
| 0199999. Total Policy Experience on Individual Policies..... | | | | | | | | | |244,334 |229,507 |93.9 |61 |0 |0 |0.0 |

360.TX

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Utah



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------------|-------------|-----------|---------|--------|----------|----------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 01/24/2008 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |37,525 |19,707 |52.5 |10 | ..... | ..... | .....0.0 |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 01/24/2008 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |28,332 |9,680 |34.2 |9 | ..... | ..... | .....0.0 |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | |65,857 |29,387 |44.6 |19 |0 |0 |0.0 | |

360.UT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Virginia



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|------------|------------|-------|-------|-------------|--------------------------|-------------|-------------|-----------|---------|--------|--------|----------|--------|
|YES..... | 1MSPF0001..... | F..... | NO..... | 34000..... | 02/04/2009 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |33,689 |21,745 |64.5 |8 | ..... | ..... | .....0.0 | ..... |
|YES..... | 1MSPG0001..... | G..... | NO..... | 34000..... | 02/04/2009 | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |35,494 |23,571 |66.4 |10 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | |69,183 |45,316 |65.5 |18 |0 |0 |0.0 |0 |

360.VA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....Wisconsin



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | |
|---------------|---|--------|---------|------------|-----------------|-------|-------|-------------|--------------------------|--------------|--------------|-----------|---------|--------|--------|----------|--------|
|YES..... | 1MSP-WI..... | 0..... | NO..... | 34060..... | 03/30/2009..... | ..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... |172,038 |109,222 |63.5 |49 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | |172,038 |109,222 |63.5 |49 |0 |0 |0.0 |0 |

360.WI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017

(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia



NAIC Group Code....0084

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code....63312

Title.....Telephone Number.....

| 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 | 13 | Percent of Premiums Earned | Number of Covered Lives | 16 | 17 | Percent of Premiums Earned | Number of Covered Lives |

Individual Policies

| | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|--------|---------|------------|-----------------|-------|-------------|--------------------------|-------|-------|-------|-------|-------|------|-------|---|-------|-------|-------|-----|-------|
|YES..... | 1MSPF001..... | F..... | NO..... | 34000..... | 10/29/2007..... | ..... | .05/31/2010 | MEDICARE SUPPLEMENT..... | ..... | 8,299 | ..... | 8,190 | ..... | 98.7 | ..... | 2 | ..... | ..... | ..... | 0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... |  |  |  |  |  |  |  | ..... | 8,299 | ..... | 8,190 | ..... | 98.7 | ..... | 2 | ..... | 0 | ..... | 0.0 | ..... |

360.WV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

VM-20 RESERVES SUPPLEMENT - PART 1

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

For the Year Ended December, 31, 2017

(To Be Filed by March 1)

NAIC Group Code: 0084

NAIC Company Code: 63312

(\$000 Omitted Except for Number of Policies)

| | Prior Year | | | Current Year | | | | | | | | | | | | |
|-----|---|-----------------------|-----------------------------|--------------------------|----------------------------|-------------------------|-------------------------|------------------|--------------------------|-----------------------------|--------------------------|-------------------|---------------------------|--------------------------|-------------------|--|
| | 1 Reported Reserve | 2 Reported Reserve | 3 Deferred Premium Asset | Section A | | | | | Section B | | | | | Section C | | |
| | | | | 4 Net Premium Reserve | 5 Deterministic Reserve | 6 Stochastic Reserve | 7 Number of Policies | 8 Face Amount | 9 Net Premium Reserve | 10 Deterministic Reserve | 11 Number of Policies | 12 Face Amount | 13 Net Premium Reserve | 14 Number of Policies | 15 Face Amount | |
| 1. | Post-Reinsurance-Ceded Reserve | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.1 | Term Life Insurance..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.2 | Universal Life with Secondary Guarantee..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.3 | Non-participating Whole Life..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.4 | Participating Whole Life..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.5 | Universal Life without Secondary Guarantee..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.6 | Variable Universal Life..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.7 | Variable Life..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.8 | Indexed Life..... | | | | | | | XXX..... | XXX..... | | | | | | | |
| 1.9 | Aggregate write-ins for other products..... | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | XXX..... | 0 | 0 | XXX..... | XXX..... | 0 | XXX..... | |
| 2. | Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)..... | 0 | 0 | 0 | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | |
| 3. | Pre-Reinsurance-Ceded Reserves | | | | | | | | | | | | | | | |
| 3.1 | Term Life Insurance..... | | | | | | | | | | | | | | | |
| 3.2 | Universal Life with Secondary Guarantee..... | | | | | | | | | | | | | | | |
| 3.3 | Non-participating Whole Life..... | | | | | | | | | | | | | | | |
| 3.4 | Participating Whole Life..... | | | | | | | | | | | | | | | |
| 3.5 | Universal Life without Secondary Guarantee..... | | | | | | | | | | | | | | | |
| 3.6 | Variable Universal Life..... | | | | | | | | | | | | | | | |
| 3.7 | Variable Life..... | | | | | | | | | | | | | | | |
| 3.8 | Indexed Life..... | | | | | | | | | | | | | | | |
| 3.9 | Aggregate write-ins for other products..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. | Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)..... | 0 | 0 | 0 | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | |
| 5. | Total Reserves Ceded (Line 4 minus Line 2)..... | 0 | 0 | 0 | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|----------|----------|---|---|----------|----------|---|----------|
| 1.901 | | | | | | | | XXX..... | XXX..... | | | | | | |
| 1.902 | | | | | | | | XXX..... | XXX..... | | | | | | |
| 1.903 | | | | | | | | XXX..... | XXX..... | | | | | | |
| 1.998 | Summ. of remaining write-ins for Line 1.9 from overflow..... | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | XXX..... | 0 | 0 | XXX..... | XXX..... | 0 | XXX..... |
| 1.999 | Totals (Lines 1.901 thru 1.903 + 1.998) (Line 1.9 above)..... | 0 | 0 | 0 | 0 | 0 | 0 | XXX..... | XXX..... | 0 | 0 | XXX..... | XXX..... | 0 | XXX..... |
| 3.901 | | | | | | | | | | | | | | | |
| 3.902 | | | | | | | | | | | | | | | |
| 3.903 | | | | | | | | | | | | | | | |
| 3.998 | Summ. of remaining write-ins for Line 3.9 from overflow..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.999 | Totals (Lines 3.901 thru 3.903 + 3.998) (Line 3.9 above)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Supplement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
VM-20 RESERVES SUPPLEMENT - PART 2

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

For the Year Ended December 31, 2017

(To Be filed by March 1)

(\$000 Omitted Except for Number of Policies)

| | Three Transition Period | | | | | |
|---|-------------------------|------------------|--------------------|------------------|-------------------------|------------------|
| | Prior Year | | Current Year | | | |
| | 1 Gross Reserve | 2 Net Reserve | 3 Gross Reserve | 4 Net Reserve | 5 Number of Policies | 6 Face Amount |
| 1. Life Insurance Reserves | | | | | | |
| 1.1 Term Life..... | | | | | | |
| 1.2 Universal Life with Secondary Guarantee..... | | | | | | |
| 1.3 Non-participating Whole Life..... | | | 8 | 6 | 47 | 1,182 |
| 1.4 Participating Whole Life..... | | | | | | |
| 1.5 Universal Life without Secondary Guarantee..... | | | | | | |
| 1.6 Variable Universal Life..... | | | | | | |
| 1.7 Variable Life..... | | | | | | |
| 1.8 Indexed Life..... | | | | | | |
| 1.9 Aggregate write-ins for other products..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Total Life Insurance Reserves (Sum of Lines 1.1 through 1.9)..... | 0 | 0 | 8 | 6 | 47 | 1,182 |

DETAILS OF WRITE-INS

| | | | | | | |
|---|-------|-------|-------|-------|-------|-------|
| 1.901 ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 1.902 ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 1.903 ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 1.998 Summary of remaining write-ins for Line 1.9 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)..... | 0 | 0 | 0 | 0 | 0 | 0 |

VM-20 RESERVES SUPPLEMENT - PART 3

Companywide Exemption

For the Year Ended December 31, 2017

(To be Filed by March 1)

(\$000 Omitted Except for Number of Policies)

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

- Has the company filed and been granted a companywide exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
- If the response to Question 1 is "Yes", then check the source of the granted "company exemption" definition. (Check either 2.1, 2.2 or 2.3)
 - NAIC Adopted VM []
 - State Statute SVL [] Complete items "a" and "b", as appropriate.
 - Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes [] No []
 - If the answer to "a" above is yes, provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
- State Regulation [] Complete items "a" and "b", as appropriate.
 - Is the criteria in the State Regulation different from the NAIC adopted VM? Yes [] No []
 - If the answer to "a" above is yes, provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

NONE

**SCHEDULE O SUPPLEMENT**For the year ended December 31, 2017
(To Be Filed March 1)**NONE**

Of The....GREAT AMERICAN LIFE INSURANCE COMPANY

Address (City, State, Zip Code)....Cincinnati, OH 45202

NAIC Group Code....0084

NAIC Company Code....63312

Employer's ID Number....13-1935920

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

Section B - Other Accident and Health

| | | | | | | |
|---------------|----------|----------|----------|----------|-----|-------|
| 1. Prior..... | | | | 88 | 468 | 694 |
| 2. 2013..... | | | | 51 | 379 | 648 |
| 3. 2014..... | XXX..... | | | 64 | 535 | 932 |
| 4. 2015..... | XXX..... | XXX..... | | 124 | 807 | 1,385 |
| 5. 2016..... | XXX..... | XXX..... | XXX..... | | 226 | 664 |
| 6. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | | 299 |

Section C - Credit Accident and Health

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

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

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other 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..... | XXX..... |

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..... | XXX..... |

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|---------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2013 | 2 2014 | 3 2015 | 4 2016 | 5 2017 |
| 1. 2013..... | | | | XXX..... | XXX..... |
| 2. 2014..... | XXX..... | | | | XXX..... |
| 3. 2015..... | XXX..... | XXX..... | | 1 | |
| 4. 2016..... | XXX..... | XXX..... | XXX..... | | 1 |
| 5. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | 1 |

Section B - Other Accident and Health

| | | | | | |
|--------------|----------|----------|----------|----------|----------|
| 1. 2013..... | | | .865 | XXX..... | XXX..... |
| 2. 2014..... | XXX..... | | 1,135 | 1,556 | XXX..... |
| 3. 2015..... | XXX..... | XXX..... | 2,188 | 2,386 | 2,665 |
| 4. 2016..... | XXX..... | XXX..... | XXX..... | 2,280 | 2,031 |
| 5. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | 2,581 |

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

Annual Statement for the year 2017 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|---------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2013 | 2 2014 | 3 2015 | 4 2016 | 5 2017 |
| 1. 2013..... | | | | | |
| 2. 2014..... | XXX..... | | | | |
| 3. 2015..... | XXX..... | XXX..... | | | |
| 4. 2016..... | XXX..... | XXX..... | XXX..... | | |
| 5. 2017..... | XXX..... | XXX..... | XXX..... | XXX..... | |

Section B - Other Accident and Health

| | | | | | |
|--------------|----------|----------|----------|------------|--|
| 1. 2013..... | | | .916 |379 | |
| 2. 2014..... | XXX..... | | 1,199 |2,091 | |
| 3. 2015..... | XXX..... | XXX..... | 2,311 |3,194 | |
| 4. 2016..... | XXX..... | XXX..... | XXX..... |2,506 | |
| 5. 2017..... | XXX..... | XXX..... | XXX..... |XXX | |

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..... | Standard Factor..... |5,299 |
| 3. Individual annuity..... | Standard Factor..... |141,033 |
| 4. Supplementary contracts..... | | |
| 5. Credit life..... | | |
| 6. Group life..... | Standard Factor..... |66 |
| 7. Group annuities..... | Standard Factor..... |2,011 |
| 8. Group accident and health..... | Other..... |1 |
| 9. Credit accident and health..... | | |
| 10. Other accident and health..... | Other..... |6,597 |
| 11. Total..... | |155,007 |

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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