



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)

NAIC Company Code..... 63312

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

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

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

Commenced Business..... August 13, 1963

Statutory Home Office

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

Main Administrative Office

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

Primary Location of Books and Records

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

513-357-3300
(Area Code) (Telephone Number)

Internet Web Site Address

www.gaig.com

Statutory Statement Contact

Robert Mayhew Earle II
(Name)
rearle@gaig.com
(E-Mail Address)

513-412-1735
(Area Code) (Telephone Number) (Extension)
513-412-1673
(Fax Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

Jeffrey Gene Hester	Stephen Craig Lindner	Christopher Patrick Miliano	Mark Francis Muething
Michael James Prager			

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 Miliano

2. (Printed Name)
Treasurer

(Title)

(Signature)
Mark Francis Muething

3. (Printed Name)
Executive Vice President

(Title)

Subscribed and sworn to before me

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

This _____ day of February 2018

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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
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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	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					No. of Pol.					
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)							(10)	(1,831,471)
23. In force December 31 of current year.....	33	14,128,635	0	(a).....	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	16,811				16,811
2. Annuity considerations.....	798,635				798,635
3. Deposit-type contract funds.....		XXX		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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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	0	(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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)				253			(31)	(8,577,946)
23. In force December 31 of current year.....	413	104,148,835	0	(a).....0	0	20,682	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,437,855				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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	(a).....0	0	26,878	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....		254			32
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	7,044
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	7,044
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,168	14,892	0	6,986	7,076

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,076,793		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....			1,168		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code....0084

NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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)				(41,041)			(50)	(11,677,023)
23. In force December 31 of current year.....	495	118,003,338	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)				(382,766)			(93)	(14,262,210)
23. In force December 31 of current year.....	959	146,578,197	0	(a).....0	1	4,112,991	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,451	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	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					No. of Pol.					
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)							(13)	(1,991,418)
23. In force December 31 of current year.....	68	7,502,636	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

NONE

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



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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)							(2)	(871,708)
23. In force December 31 of current year.....	119	30,188,619	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code....0084

NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,024,628				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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	(a).....0	1	257,761	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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	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	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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.



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	121,250				121,250
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		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
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	25,000				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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)							(24)	(2,466,370)
23. In force December 31 of current year.....	405	60,769,463	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

NONE

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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)				19			(34)	(6,572,248)
23. In force December 31 of current year.....	252	34,228,133	0	(a).....0	0	1,912	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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.....					0
5. Totals (Sum of Lines 1 to 4).....	20,326,455	0	13,565	0	20,340,020
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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)							(12)	(3,753,614)
23. In force December 31 of current year.....	203	47,379,941	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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.....					0
5. Totals (Sum of Lines 1 to 4).....	118,325,928	0	125,740	0	118,451,668
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,850,016		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	(a).....	1	4,337	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....		1,404			(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	(a).....	1	3,031	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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.....					0
5. Totals (Sum of Lines 1 to 4).....	121,954,050	0	3,000	0	121,957,050
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,015,491		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,688,767		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	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					No. of Pol.					
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	0	2,704	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

NONE

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



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	0	63,333	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,652	8,734		236	242
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).....	8,652	8,734	0	236	242
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,652	8,734	0	236	242

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,523,590		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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)				33			(44)	(8,496,126)
23. In force December 31 of current year.....	515	111,968,332	0	(a).....0	1	3,403	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	18,168	18,173		21,713	21,641
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	21,641
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,168	18,173	0	21,713	21,641

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(64)	(8,307,434)
23. In force December 31 of current year.....	718	132,098,370	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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.....					0
5. Totals (Sum of Lines 1 to 4).....	210,262,156	0	5,700	0	210,267,856
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,320	1,320			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).....	247,985	248,127		165,256	164,171
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	164,171
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	249,305	249,447	0	165,256	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	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					No. of Pol.					
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	0	36,085	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,352	7,579		4,380	4,421
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	4,421
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,352	7,579	0	4,380	4,421

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,980				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,987	6,986			(2)
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	(2)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,987	6,986	0	0	(2)

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,115,200		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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	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	0	143	2,190,983
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	125,693	0	0	0	0	0	0	10	125,693
POLICY EXHIBIT					No. of Pol.					
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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,267	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		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					No. of Pol.					
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)							(2)	(960,539)
23. In force December 31 of current year.....	60	15,297,573	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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	0	15,212	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	107,607	113,618		38,116	35,379
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	35,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	107,607	113,618	0	38,116	35,379

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	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					No. of Pol.					
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	0	24,256	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,620,865				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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	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	0	22	1,628,278
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	116,848	0	0	0	0	0	0	6	116,848
POLICY EXHIBIT					No. of Pol.					
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)							(136)	(20,403,702)
23. In force December 31 of current year.....	1,446	266,185,522	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	(a).....0	0	3,588	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,400,649				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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	0	2,337	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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.....					0
5. Totals (Sum of Lines 1 to 4).....	18,823,256	0	1,075	0	18,824,331
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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)				(20,267)			(14)	(1,453,156)
23. In force December 31 of current year.....	226	58,474,082	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,048	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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	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	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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	0	69,136	69,120
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	94,439	90,366	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,032,565				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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	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	0	315	1,057,854
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	29	98,547	0	0	0	0	0	0	29	98,547
POLICY EXHIBIT					No. of Pol.					
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)				139			(404)	(7,927,249)
23. In force December 31 of current year.....	4,196	57,363,533	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,962	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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
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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	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					No. of Pol.					
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)							(10)	(1,831,471)
23. In force December 31 of current year.....	33	14,128,635	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

NONE

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,634,180				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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)				218			(178)	(42,045,329)
23. In force December 31 of current year.....	2,254	493,640,864	0	(a).....0	0	24,971	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,090				2,090
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,090	0	0	0	2,090
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	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					No. of Pol.					
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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	4,413,536		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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).....0	0	24,780	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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	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	0	16	695,010
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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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)							(5)	(2,431,025)
23. In force December 31 of current year.....	83	18,418,719	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,592	10,527		6,935	189,646
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	189,646
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,592	10,527	0	6,935	189,646

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,124,238		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	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					No. of Pol.					
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)							(16)	(2,662,114)
23. In force December 31 of current year.....	229	67,140,035	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	61,564	61,209		27,911	27,417
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	27,417
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	61,564	61,209	0	27,911	27,417

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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.....					0
5. Totals (Sum of Lines 1 to 4).....	141,279,409	0	30,783	0	141,310,193
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,790,805		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	5,216	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,875		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	1,525,000		(a).....					4	1,525,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	50,000							1	50,000
23. In force December 31 of current year.....	5	1,575,000	0	(a).....0	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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)				38			(5)	(1,611,971)
23. In force December 31 of current year.....	81	15,324,800	0	(a).....0	0	3,889	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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)				160			(73)	(15,080,730)
23. In force December 31 of current year.....	896	158,068,777	0	(a).....0	0	16,272	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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)							(65)	(20,371,537)
23. In force December 31 of current year.....	521	96,481,975	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	65,104	61,286			565
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	0	138,795	216,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	374,804	375,646	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,449				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	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					No. of Pol.					
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)							(4)	(1,248,408)
23. In force December 31 of current year.....	121	19,589,052	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,344	8,341		8,135	8,211
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	8,211
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,344	8,341	0	8,135	8,211

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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)				70			(4)	(699,878)
23. In force December 31 of current year.....	51	11,217,223	0	(a).....0	0	6,972	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....				16	16
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 Desig-nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	18,386,011	XXX	XXX	18,386,011	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	18,131,048,021	XXX	XXX	18,131,048,021	0.0004	7,252,419	0.0023	41,701,410	0.0030	54,393,144
3	2	High quality.....	8,360,050,807	XXX	XXX	8,360,050,807	0.0019	15,884,097	0.0058	48,488,295	0.0090	75,240,457
4	3	Medium quality.....	442,065,251	XXX	XXX	442,065,251	0.0093	4,111,207	0.0230	10,167,501	0.0340	15,030,219
5	4	Low quality.....	113,719,476	XXX	XXX	113,719,476	0.0213	2,422,225	0.0530	6,027,132	0.0750	8,528,961
6	5	Lower quality.....	17,608,390	XXX	XXX	17,608,390	0.0432	760,682	0.1100	1,936,923	0.1700	2,993,426
7	6	In or near default.....	29,823,801	XXX	XXX	29,823,801	0.0000	0	0.2000	5,964,760	0.2000	5,964,760
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8).....	27,112,701,757	XXX	XXX	27,112,701,757	XXX	30,430,630	XXX	114,286,021	XXX	162,150,967
		PREFERRED STOCKS										
10	1	Highest quality.....	10,000,039	XXX	XXX	10,000,039	0.0004	4,000	0.0023	23,000	0.0030	30,000
11	2	High quality.....	93,027,270	XXX	XXX	93,027,270	0.0019	176,752	0.0058	539,558	0.0090	837,245
12	3	Medium quality.....	1,000,000	XXX	XXX	1,000,000	0.0093	9,300	0.0230	23,000	0.0340	34,000
13	4	Low quality.....	6,112,118	XXX	XXX	6,112,118	0.0213	130,188	0.0530	323,942	0.0750	458,409
14	5	Lower quality.....	7,996,036	XXX	XXX	7,996,036	0.0432	345,429	0.1100	879,564	0.1700	1,359,326
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	118,135,463	XXX	XXX	118,135,463	XXX	665,669	XXX	1,789,065	XXX	2,718,981
		SHORT-TERM BONDS										
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	209,625,753	XXX	XXX	209,625,753	0.0004	83,850	0.0023	482,139	0.0030	628,877
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24).....	209,625,753	XXX	XXX	209,625,753	XXX	83,850	XXX	482,139	XXX	628,877
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....	683,398,322	XXX	XXX	683,398,322	0.0004	273,359	0.0023	1,571,816	0.0030	2,050,195
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	683,398,322	XXX	XXX	683,398,322	XXX	273,359	XXX	1,571,816	XXX	2,050,195
34		Total (Lines 9 + 17 + 25 + 33).....	28,123,861,294	XXX	XXX	28,123,861,294	XXX	31,453,508	XXX	118,129,041	XXX	167,549,020

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	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....			XXX.....	.....0	.....0.0010	.....0	.....0.0050	.....0	.....0.0065	.....0
36		Farm mortgages - CM2 - high quality.....			XXX.....	.....0	.....0.0035	.....0	.....0.0100	.....0	.....0.0130	.....0
37		Farm mortgages - CM3 - medium quality.....			XXX.....	.....0	.....0.0060	.....0	.....0.0175	.....0	.....0.0225	.....0
38		Farm mortgages - CM4 - low medium quality.....			XXX.....	.....0	.....0.0105	.....0	.....0.0300	.....0	.....0.0375	.....0
39		Farm mortgages - CM5 - low quality.....			XXX.....	.....0	.....0.0160	.....0	.....0.0425	.....0	.....0.0550	.....0
40		Residential mortgages-insured or guaranteed.....			XXX.....	.....0	.....0.0003	.....0	.....0.0006	.....0	.....0.0010	.....0
41		Residential mortgages-all other.....	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.....	8,342,996
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 Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		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
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....
6		Fixed income highest quality.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....
7		Fixed income high quality.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....
8		Fixed income medium quality.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....
9		Fixed income low quality.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....
10		Fixed income lower quality.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....
11		Fixed income in or near default.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....
12		Unaffiliated common stock public.....	0	0.0000	0	0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....	0	0.0000	0	0	0.0000	0	.....0.1600	0	.....0.1600	0
14		Real estate.....	0	(b).....	0	0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....	0	XXX.....	XXX.....	0	0.0000	0	.....0.1300	0	.....0.1300	0
16		Affiliated - all other.....	0	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
		REAL ESTATE										
18		Home office property (General Account only).....	0	0.0000	0	0	0.0000	0	.....0.0750	0	.....0.0750	0
19		Investment properties.....	89,613,632	0.0000	0	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	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
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....	0	XXX.....	XXX.....	0	0.0000	0	.....0.0000	0	.....0.0000	0
23	1	Highest quality.....	196,098,516	XXX.....	XXX.....	196,098,516	0.0004	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.....	0	XXX.....	XXX.....	0	0.0093	0	.....0.0230	0	.....0.0340	0
26	4	Low quality.....	0	XXX.....	XXX.....	0	0.0213	0	.....0.0530	0	.....0.0750	0
27	5	Lower quality.....	0	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

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

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		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	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	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	198,305
64		Total with Mortgage Loan Characteristics (Lines 56 + 63).....	8,813,569	0	XXX	8,813,569	XXX	52,881	XXX	154,237	XXX	198,305

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ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	(a).....	.....0	(a).....	.....0
66		Unaffiliated private.....	268,593,919	XXX.....	XXX.....	268,593,919	.....0.0000	.....0	.....0.1600	42,975,027	.....0.1600	42,975,027
67		Affiliated life with AVR.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.0000	.....0	.....0.0000	.....0
68		Affiliated certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.1300	.....0	.....0.1300	.....0
69		Affiliated other - all other.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600	.....0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69).....	268,593,919	XXX.....	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	.....0	220,642,576	XXX.....	.....0	XXX.....	16,548,193	XXX.....	16,548,193
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit.....				.....0	.....0.0003	.....0	.....0.0006	.....0	.....0.0010	.....0
76		Non-guaranteed federal low income housing tax credit.....				.....0	.....0.0063	.....0	.....0.0120	.....0	.....0.0190	.....0
77		Guaranteed state low income housing tax credit.....				.....0	.....0.0003	.....0	.....0.0006	.....0	.....0.0010	.....0
78		Non-guaranteed state low income housing tax credit.....				.....0	.....0.0063	.....0	.....0.0120	.....0	.....0.0190	.....0
79		All other low income housing tax credit.....				.....0	.....0.0273	.....0	.....0.0600	.....0	.....0.0975	.....0
80		Total LIHTC (Sum of Lines 75 through 79).....	.....0	.....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	XXX.....	.....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	.....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.

ASSET VALUATION RESERVE (continued)

Basic Contributions, Reserve Objective and Maximum Reserve Calculations

Replications (Synthetic) Assets

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

NONE

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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	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	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.....			100,00000XXX
5399999. Totals.....			100,00000XXX

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	3,091,398	XXX...	7,916	XXX...		XXX...		XXX...		XXX...	3,083,482	XXX..		XXX...		XXX...		XXX..
2.	Premiums earned.....	3,096,272	XXX...	7,780	XXX...		XXX...		XXX...		XXX...	3,088,492	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
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	572,855	18.5		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
9.	Taxes, licenses and fees.....	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
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
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
DETAILS OF WRITE-INS																			
1101.	.....	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
1103.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).....	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.'

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	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.

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	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

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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	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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.....				370,762,209284,999,0515,678,8525,440,64700
9999999.	Total.....				370,762,209284,999,0515,678,8525,440,64700

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SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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.....				3,091,398760,92938,093,770349,75300
9999999.	Total.....				3,091,398760,92938,093,770349,75300

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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.....			0554,156
2399999.	Total U.S.....			2,598,7686,154,378
9999999.	Total.....			2,598,7686,154,378

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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	10		12	13		
								Current Year	Prior Year		Current Year	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	-				
66346.....	58-0828824....	01/01/2006	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....				.....37,035				
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				

Annual Statement for the year 2017 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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	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	18,305,416	0
1199999.	Total - General Account - Authorized.....						7,429,250,804	395,444,989	415,474,182	25,651,422	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	18,305,416	0
6999999.	Total U.S.....						7,429,250,804	395,444,989	415,474,182	25,651,422	0	0	18,305,416	0
9999999.	Total.....						7,429,250,804	395,444,989	415,474,182	25,651,422	0	0	18,305,416	0

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
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	2	3	4	5
		2017	2016	2015	2014	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	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	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

			Direct Business Only				6	
			1	2	3	4		5
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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

Annual Statement for the year 2017 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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															
52			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.....	...100.000	American Financial Group, Inc.....	N.....	
			16-6543606				American Financial Capital Trust III.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			16-6543609				American Financial Capital Trust IV.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			31-0996797				American Financial Enterprises, Inc.....	CT.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			31-0828578				American Money Management Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			27-1577326				American Real Estate Capital Company, LLC.....	OH.....	NIA.....	American Money Management Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			27-2829629				Mid-Market Capital Partners, LLC.....	DE.....	NIA.....	American Money Management Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			41-2112001				APU Holding Company.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			23-6000765				American Premier Underwriters, Inc.....	PA.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			23-6297584				The Associates of the Jersey Company.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			37-1094159				Cal Coal, Inc.....	IL.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			95-2802826				Great Southwest Corporation.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			35-6001691				The Indianapolis Union Railway Company.....	IN.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			13-6400464				Lehigh Valley Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			46-1665396				Pennsylvania Lehigh Oil & Gas Holdings LLC.....	PA.....	NIA.....	Lehigh Valley Railroad Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			20-1548213				Magnolia Alabama Holdings, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			20-1574094				Magnolia Alabama Holdings LLC.....	AL.....	NIA.....	Magnolia Alabama Holdings, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			46-1852532				Michigan Oil & Gas Holdings, LLC.....	MI.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			46-1480078				Ohio Oil & Gas Holdings, LLC.....	OH.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			13-6021353				The Owasco River Railway, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			31-1236926				PCC Real Estate, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			76-0080537				PCC Technical Industries, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			31-1388401				PCC Maryland Realty Corp.....	MD.....	NIA.....	PCC Technical Industries, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			06-1209709				Penn Central Energy Management Company.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			23-1537928				Penn Towers, Inc.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			46-3246684				Pennsylvania Oil & Gas Holdings, LLC.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	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.....	...83.000	American Financial Group, Inc.....	N.....	
			23-1707450				Terminal Realty Penn Co.....	DC.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			23-1675796				Waynesburg Southern Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			98-1073776				GAI Insurance Company, Ltd.....	BMU.....	IA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
							Great American Specialty & Affinity Limited.....	GBR.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			31-1446308				Hangar Acquisition Corp.....	OH.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	N.....	
			91-1508644				Premier Lease & Loan Services of Canada, Inc.....	WA.....	NIA.....	APU Holding 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
52.1			31-1262960				Risiko 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...

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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)	*
52.2	0084	American Financial Group, Inc.	67083...	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.....	.....
				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.....	.....
	0084	American Financial Group, Inc.	15380...	73-1406844			Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
	0084	American Financial Group, Inc.	13794...	38-3803661			Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
	0084	American Financial Group, Inc.		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...
	0084	American Financial Group, Inc.	32620...	34-1607395			National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
	0084	American Financial Group, Inc.	11051...	99-0345306			National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
52.2	0084	American Financial Group, Inc.		43-1254631			TransProtection Service Company.....	MO.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	.....Y.....	.....
			41106...	95-3623282			Triumphe 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.....	.....
	0084	American Financial Group, Inc.	43753...	31-1054123			Republic Indemnity Company of California.....	CA.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
	0084	American Financial Group, Inc.		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.....	.....
	0084	American Financial Group, Inc.	10701...	59-1835212			Bridgefield Employers Insurance Company.....	FL.....	IA.....	Summit Holding Southeast, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	.....N.....	.....
	0084	American Financial Group, Inc.	10335...	59-3269531			Bridgefield Casualty Insurance Company.....	FL.....	IA.....	Bridgefield Employers Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.N.....

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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)	*
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.....	....
							Financidora 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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.....	.....

Aster 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 Ownershp 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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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	.....	.....	.....0	.....(1,865,000)
00000.....	06-1356481.....	Great American Financial Resources, Inc.....	.....225,000,000	.....	.....	.....	.....	.....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)	.....	.....	.....(31,311,628)	.....
00000.....	45-5565693.....	GALIC - Sorrento, LLC.....	.....88	.....	.....	.....	.....	.....88	.....	.....	.....88	.....
00000.....	45-1144095.....	GALIC Pointe, LLC.....	.....(11,426)	.....	.....	.....	.....	.....(11,426)	.....	.....	.....(11,426)	.....
00000.....	42-1575938.....	Great American Holding, Inc.....	.....175,000,000	.....(15,000,000)	.....	.....	.....	.....160,000,000	.....	.....	.....160,000,000	.....
00000.....		Great American International Insurance Designated Activity Company.....	.....	.....	.....	.....	.....	.....0	.....	.....	.....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	.....	.....	.....70,000,000	.....
00000.....	98-0191335.....	Hudson Indemnity, Ltd.....	.....	.....	.....	.....	.....	.....0	.....	.....	.....0	.....(289,533,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....	.....(52,300,000)	.....	.....	.....	.....	.....(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)	*	.....	.....(1,300,000)	.....16,571,000
00000.....	43-1254631.....	TransProtection Service Company.....	.....(500,000)	.....	.....	.....	.....	.....(500,000)	*	.....	.....(500,000)	.....
41106.....	95-3623282.....	Triumphe Casualty Company.....	.....(1,900,000)	.....	.....	.....	.....	.....(1,900,000)	*	.....	.....(1,900,000)	.....16,338,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	.....(14,000,000)	.....	.....	.....	.....	.....(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)	*	.....	.....(168,000,000)	.....(51,315,000)
43753.....	31-1054123.....	Republic Indemnity Company of California.....	.....	.....(7,000,000)	.....	.....	.....	.....(7,000,000)	*	.....	.....(7,000,000)	.....
10335.....	59-3269531.....	Bridgefield Casualty Insurance Company.....	.....	.....	.....	.....	.....	.....0	*	.....	.....0	.....(1,173,000)
16691.....	31-0501234.....	Great American Insurance Company.....	.....(679,377,806)	.....167,080,791	.....	.....	.....(87,333,564)	.....(599,630,579)	*	.....	.....(599,630,579)	.....(715,000)
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....	.....	.....	.....	.....	.....	.....0	*	.....	.....0	.....32,049,000
00000.....	59-2840291.....	Brothers Property Corporation.....	.....(25,400,000)	.....	.....	.....	.....	.....(25,400,000)	.....	.....	.....(25,400,000)	.....
00000.....	31-0589001.....	Dempsey & Siders Agency, Inc.....	.....	.....250,000	.....	.....	.....	.....250,000	.....	.....	.....250,000	.....
00000.....	13-3628555.....	FCIA Management Company, Inc.....	.....(237,000)	.....	.....	.....	.....	.....(237,000)	.....	.....	.....(237,000)	.....
00000.....	31-1765544.....	GAI Warranty Company of Florida.....	.....	.....	.....	.....	.....	.....0	.....	.....	.....0	.....1,361,000
00000.....	61-1329718.....	Global Premier Finance Company.....	.....(1,300,000)	.....	.....	.....	.....	.....(1,300,000)	.....	.....	.....(1,300,000)	.....
26832.....	95-1542353.....	Great American Alliance Insurance Company.....	.....(3,000,000)	.....	.....	.....	.....	.....(3,000,000)	*	.....	.....(3,000,000)	.....
26344.....	15-6020948.....	Great American Assurance Company.....	.....(1,500,000)	.....	.....	.....	.....	.....(1,500,000)	*	.....	.....(1,500,000)	.....
00000.....	31-1652643.....	Great American Insurance Agency, Inc.....	.....(400,000)	.....	.....	.....	.....	.....(400,000)	.....	.....	.....(400,000)	.....
38024.....	31-0974853.....	Great American Lloyd's Insurance Company.....	.....	.....	.....	.....	.....	.....0	.....	.....	.....0	.....1,835,000
38580.....	31-1288778.....	Great American Protection Insurance Company.....	.....(2,000,000)	.....	.....	.....	.....	.....(2,000,000)	*	.....	.....(2,000,000)	.....
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	.....(4,500,000)	.....	.....	.....	.....	.....(4,500,000)	.....	.....	.....(4,500,000)	.....
9999999.....	Control Totals.....	.....	.....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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

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	
			22136	Great American Insurance Company of New York	
22179	Republic Indemnity Company of America	100.00%	38580	Great American Protection Insurance Company	
43753	Republic Indemnity Company of California		31135	Great American Security Insurance Company	
10701	Bridgefield Employers Insurance Company		33723	Great American Spirit Insurance Company	
10335	Bridgefield Casualty 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	Triumphe 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		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	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?	SEE EXPLANATION
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	SEE EXPLANATION
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
46.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
50.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	SEE EXPLANATION
51.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
52.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	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:

BAR CODE:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 2 2 2 0 0 0 0 0 *</div></div>
13.	<div><div>* 6 3 3 1 2 2 0 1 7 4 2 0 0 0 0 0 0 *</div></div>
14. NOT APPLICABLE	
15.	<div><div>* 6 3 3 1 2 2 0 1 7 4 9 0 0 0 0 0 0 *</div></div>
16.	
17.	
18. NOT APPLICABLE	
19. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 4 3 0 0 0 0 0 *</div></div>
20. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 4 4 0 0 0 0 0 *</div></div>
21.	<div><div>* 6 3 3 1 2 2 0 1 7 4 4 5 0 0 0 0 0 *</div></div>
22. NOT APPLICABLE	
23. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 4 7 0 0 0 0 0 *</div></div>
24. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 4 8 0 0 0 0 0 *</div></div>
25.	<div><div>* 6 3 3 1 2 2 0 1 7 4 4 9 0 0 0 0 0 *</div></div>
26. NOT APPLICABLE	
27. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 5 1 0 0 0 0 0 *</div></div>
28. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 5 2 0 0 0 0 0 *</div></div>
29. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 5 3 0 0 0 0 0 *</div></div>
30. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 3 6 0 0 0 0 0 *</div></div>
31. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 3 7 0 0 0 0 0 *</div></div>
32. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 3 8 0 0 0 0 0 *</div></div>
33. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 3 9 0 0 0 0 0 *</div></div>
34. NOT APPLICABLE	<div><div>* 6 3 3 1 2 2 0 1 7 4 5 4 0 0 0 0 0 *</div></div>
35.	<div><div>* 6 3 3 1 2 2 0 1 7 4 9 5 0 0 0 0 0 *</div></div>

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	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 3 6 5 0 0 0 0 0 *</div><div></div></div>
37. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 2 2 4 0 0 0 0 0 *</div><div></div></div>
38. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 2 2 5 0 0 0 0 0 *</div><div></div></div>
39. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 2 2 6 0 0 0 0 0 *</div><div></div></div>
40.	
41.	
42.	
43.	
44. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 2 3 0 0 0 0 0 0 *</div><div></div></div>
45.	
46.	
47.	
48. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 2 1 6 0 0 0 0 0 *</div><div></div></div>
49. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 2 1 7 0 0 0 0 0 *</div><div></div></div>
50. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 4 3 5 0 0 0 0 0 *</div><div></div></div>
51.	
52. NOT APPLICABLE	<div><div></div><div>* 6 3 3 1 2 2 0 1 7 2 8 6 0 0 0 0 0 *</div><div></div></div>
53.	

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	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	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	.....0.0	.....0

360.CO

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	......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.....Georgia



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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.IL

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

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	....34060.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....(46)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	....34060.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,683	.....439	.....16.4	.....1	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....2,683	.....393	.....14.6	.....1	.....0	.....0	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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

360.NE

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	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

360.0R

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSP-WI.....	O.....	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016 & 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	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	.....0.0	.....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

(\$000 Omitted Except for Number of Policies)

NAIC Company Code: 63312

[illegible]

DETAILS OF WRITE-INS

[illegible]

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)

1. Has the company filed and been granted a companywide exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?

Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the granted "company exemption" definition. (Check either 2.1, 2.2 or 2.3)

2.1 NAIC Adopted VM []

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

a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?

Yes [] No []

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

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

a. Is the criteria in the State Regulation different from the NAIC adopted VM?

Yes [] No []

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

NONE



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

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.....	NONE				
2. 2013.....					
3. 2014.....					
4. 2015.....					
5. 2016.....					
6. 2017.....					

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	NONE			
4. 2015.....	XXX				
5. 2016.....	XXX				
6. 2017.....	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	

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	

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	

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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