LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

Loyal American Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) NAIC Company Code..... 65722 Employer's ID Number..... 63-0343428

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Incorporated/Organized..... May 18, 1955 Commenced Business..... July 4, 1955

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

Main Administrative Office 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US..... 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman (512) 531-1465
(Name) (Area Code) (Telephone Number) (Extension)
CSBFinRpt@cigna.com (512) 467-1399
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

(Signature)	(Signature)	(Signature)
Stephen Burnett Jones	Byron Keith Buescher	Anna Krishtul
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer and Chief Accounting Officer	Secretary
(Title)	(Title)	(Title)

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

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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	192,309		-		192,309
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	265	XXX		XXX	265
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	192,582	0	0	0	192,582
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,688				2,688
6.2	Applied to pay renewal premiums	268				268
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)	2,956	0	0	0	2,956
	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)	2,956	0	0	0	2,956
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	219,772		-		219,772
10.	Matured endowments	-				0
11.	Annuity benefits	45,307				45,307
12.	Surrender values and withdrawals for life contracts	436,754				436,754
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	701,833	0	0	0	701,833
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	105,000							3	105,000
17.	Incurred during current year	4	211,321							4	211,321
	Settled during current year:										
18.1	By payment in full	5	216,321							5	216,321
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	216,321	0	0	0	0	0	0	5	216,321
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	216,321	0	0	0	0	0	0	5	216,321
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	100,000	0	0	0	0	0	0	2	100,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	261	32,769,770		(a)					261	32,769,770
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(24)	(2,567,500)							(24)	(2,567,500)
23.	In force December 31 of current year	237	30,202,270	0	(a) 0	0	0	0	0	237	30,202,270

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	131	131			(7,317)
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)	131	131	0	0	(7,317)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	131	131	0	0	(7,317)

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	992		-		992
2.	Annuity considerations	25				25
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,017	0	0	0	1,017
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	277				277
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	36				36
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	313	0	0	0	313
	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)	313	0	0	0	313
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	631		-		631
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	13,697				13,697
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	14,328	0	0	0	14,328
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	621							1	621
	Settled during current year:										
18.1	By payment in full	1	621							1	621
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	621	0	0	0	0	0	0	1	621
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	621	0	0	0	0	0	0	1	621
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	8	91,749		(a)					8	91,749
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(573)							(1)	(573)
23.	In force December 31 of current year	7	91,176	0	(a) 0	0	0	0	0	7	91,176

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	170	170			(5)
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)	568,211	564,313		391,103	424,308
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)	568,211	564,313	0	391,103	424,308
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	568,381	564,483	0	391,103	424,303

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	518,602		14,041		532,643
2.	Annuity considerations	133,599				133,599
3.	Deposit-type contract funds	850	XXX		XXX	850
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	653,051	0	14,041	0	667,092
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	12,528				12,528
6.2	Applied to pay renewal premiums	399				399
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	183				183
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	13,110	0	0	0	13,110
	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)	13,110	0	0	0	13,110
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	955,331		9,945		965,276
10.	Matured endowments	1,616				1,616
11.	Annuity benefits	199,805				199,805
12.	Surrender values and withdrawals for life contracts	501,480				501,480
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	1,658,232	0	9,945	0	1,668,177
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	57	229,569							57	229,569
17.	Incurred during current year	109	923,085							109	923,085
	Settled during current year:										
18.1	By payment in full	115	916,348							115	916,348
18.2	By payment on compromised claims									0	0
18.3	Totals paid	115	916,348	0	0	0	0	0	0	115	916,348
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	115	916,348	0	0	0	0	0	0	115	916,348
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	51	236,306	0	0	0	0	0	0	51	236,306
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,708	50,460,942		(a)	37	1,294,920			2,745	51,755,862
21.	Issued during year	66	587,000							66	587,000
22.	Other changes to in force (Net)	(187)	(3,637,854)			(8)	(181,800)			(195)	(3,819,654)
23.	In force December 31 of current year	2,587	47,410,088	0	(a) 0	29	1,113,120	0	0	2,616	48,523,208

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	27,122	26,908		9,016	(1,406)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	52		330	(3,450)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,844,203	3,846,875		1,992,679	2,107,424
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)	3,844,203	3,846,875	0	1,992,679	2,107,424
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,871,377	3,873,835	0	2,002,025	2,102,568

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	200,141		859		201,000
2.	Annuity considerations	432				432
3.	Deposit-type contract funds	154	XXX		XXX	154
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	200,727	0	859	0	201,586
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,576				1,576
6.2	Applied to pay renewal premiums	53				53
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)	1,629	0	0	0	1,629
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,629	0	0	0	1,629
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	340,320		-		340,320
10.	Matured endowments	-				0
11.	Annuity benefits	4,877				4,877
12.	Surrender values and withdrawals for life contracts	236,660				236,660
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	581,857	0	0	0	581,857
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	16	102,599							16	102,599
17.	Incurred during current year	30	244,541							30	244,541
	Settled during current year:										
18.1	By payment in full	31	295,291							31	295,291
18.2	By payment on compromised claims									0	0
18.3	Totals paid	31	295,291	0	0	0	0	0	0	31	295,291
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	31	295,291	0	0	0	0	0	0	31	295,291
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	51,849	0	0	0	0	0	0	15	51,849
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	823	12,636,059		(a)	7	147,000			830	12,783,059
21.	Issued during year	76	592,000							76	592,000
22.	Other changes to in force (Net)	(67)	(981,895)			(2)	(7,000)			(69)	(988,895)
23.	In force December 31 of current year	832	12,246,164	0	(a) 0	5	140,000	0	0	837	12,386,164

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	17,193	17,350		1,510	(2,520)
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)	4,139,031	4,145,346		3,287,532	3,375,131
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)	4,139,031	4,145,346	0	3,287,532	3,375,131
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,156,224	4,162,696	0	3,289,042	3,372,611

(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.

65722201743052100

DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	-		-		0
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	-				0
6.2 Applied to pay renewal premiums	-				0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	-				0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	-				0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	-		-		0
10. Matured endowments	-				0
11. Annuity benefits	-				0
12. Surrender values and withdrawals for life contracts	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	29,285		-		29,285
2.	Annuity considerations	68				68
3.	Deposit-type contract funds	1,975	XXX		XXX	1,975
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	31,328	0	0	0	31,328
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,473				3,473
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	170				170
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,643	0	0	0	3,643
	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)	3,643	0	0	0	3,643
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,812		-		11,812
10.	Matured endowments	35				35
11.	Annuity benefits	507,633				507,633
12.	Surrender values and withdrawals for life contracts	353,772				353,772
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	873,252	0	0	0	873,252
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	11,754							2	11,754
	Settled during current year:										
18.1	By payment in full	2	11,754							2	11,754
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	11,754	0	0	0	0	0	0	2	11,754
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	11,754	0	0	0	0	0	0	2	11,754
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	48	1,698,653		(a)					48	1,698,653
21.	Issued during year	6	37,000							6	37,000
22.	Other changes to in force (Net)	(7)	(114,723)							(7)	(114,723)
23.	In force December 31 of current year	47	1,620,930	0	(a) 0	0	0	0	0	47	1,620,930

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,573	2,742		502	(11,183)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69	69		(2)	3
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,068,357	1,069,933		420,826	467,758
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)	1,068,357	1,069,933	0	420,826	467,758
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,070,999	1,072,744	0	421,326	456,578

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	89,152		-		89,152
2.	Annuity considerations	910				910
3.	Deposit-type contract funds	2,391	XXX		XXX	2,391
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	92,453	0	0	0	92,453
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,738				4,738
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	95				95
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	4,833	0	0	0	4,833
	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)	4,833	0	0	0	4,833
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	75,349		-		75,349
10.	Matured endowments	-				0
11.	Annuity benefits	571,763				571,763
12.	Surrender values and withdrawals for life contracts	445,961				445,961
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	1,093,073	0	0	0	1,093,073
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	10	42,927							10	42,927
17.	Incurred during current year	15	45,565							15	45,565
	Settled during current year:										
18.1	By payment in full	19	73,084							19	73,084
18.2	By payment on compromised claims									0	0
18.3	Totals paid	19	73,084	0	0	0	0	0	0	19	73,084
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	19	73,084	0	0	0	0	0	0	19	73,084
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	15,408	0	0	0	0	0	0	6	15,408
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	390	10,577,786		(a)					390	10,577,786
21.	Issued during year	10	73,000							10	73,000
22.	Other changes to in force (Net)	(25)	(357,895)							(25)	(357,895)
23.	In force December 31 of current year	375	10,292,891	0	(a) 0	0	0	0	0	375	10,292,891

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,869	5,864		3,241	(16,173)
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)	28,046,538	27,912,277		20,363,626	21,567,100
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)	28,046,538	27,912,277	0	20,363,626	21,567,100
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,052,407	27,918,141	0	20,366,867	21,550,927

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

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

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	168		-		168
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	168	0	0	0	168
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	64				64
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)	64	0	0	0	64
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)	64	0	0	0	64
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	-		-		0
10. Matured endowments	-				0
11. Annuity benefits	-				0
12. Surrender values and withdrawals for life contracts	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	29,444		-		29,444
2.	Annuity considerations	81				81
3.	Deposit-type contract funds	571	XXX		XXX	571
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	30,096	0	0	0	30,096
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,021				1,021
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)	1,021	0	0	0	1,021
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,021	0	0	0	1,021
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	16,158		-		16,158
10.	Matured endowments	99				99
11.	Annuity benefits	16,635				16,635
12.	Surrender values and withdrawals for life contracts	301,218				301,218
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	334,110	0	0	0	334,110
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	16,163							2	16,163
	Settled during current year:										
18.1	By payment in full	2	16,163							2	16,163
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	16,163	0	0	0	0	0	0	2	16,163
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	16,163	0	0	0	0	0	0	2	16,163
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	66	3,391,630		(a)	1	6,000			67	3,397,630
21.	Issued during year	18	183,500							18	183,500
22.	Other changes to in force (Net)	(6)	(38,970)				(3,000)			(6)	(41,970)
23.	In force December 31 of current year	78	3,536,160	0	(a) 0	1	3,000	0	0	79	3,539,160

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	757	757			34
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)	1,922,156	1,926,509		1,071,413	1,112,719
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)	1,922,156	1,926,509	0	1,071,413	1,112,719
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,922,913	1,927,266	0	1,071,413	1,112,753

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,670		-		14,670
2.	Annuity considerations	38				38
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,708	0	0	0	14,708
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	163				163
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	68				68
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	231	0	0	0	231
	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)	231	0	0	0	231
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,926		-		2,926
10.	Matured endowments	-				0
11.	Annuity benefits	20,916				20,916
12.	Surrender values and withdrawals for life contracts	19,557				19,557
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	43,399	0	0	0	43,399
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	2,909							1	2,909
	Settled during current year:										
18.1	By payment in full	1	2,909							1	2,909
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	2,909	0	0	0	0	0	0	1	2,909
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	2,909	0	0	0	0	0	0	1	2,909
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	25	348,746		(a)					25	348,746
21.	Issued during year	5	65,000							5	65,000
22.	Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23.	In force December 31 of current year	29	408,746	0	(a) 0	0	0	0	0	29	408,746

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	660	673			(372)
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)	3,605,248	3,590,826		2,261,509	2,441,243
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)	3,605,248	3,590,826	0	2,261,509	2,441,243
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,605,908	3,591,499	0	2,261,509	2,440,871

(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.

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,564		-		9,564
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,572	0	0	0	9,572
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	583				583
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	98				98
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	681	0	0	0	681
	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)	681	0	0	0	681
	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	4,074				4,074
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	4,074	0	0	0	4,074
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	13,156							2	13,156
	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)	2	13,156	0	0	0	0	0	0	2	13,156
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	63	738,993		(a)					63	738,993
21.	Issued during year	2	33,000							2	33,000
22.	Other changes to in force (Net)	(2)	(28,508)							(2)	(28,508)
23.	In force December 31 of current year	63	743,485	0	(a) 0	0	0	0	0	63	743,485

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	980	980		60	42
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)	242,431	240,293		132,353	146,116
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	242,431	240,293	0	132,353	146,116
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	243,411	241,273	0	132,413	146,158

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

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

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,767		-		17,767
2.	Annuity considerations	45				45
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	17,812	0	0	0	17,812
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	(36)				(36)
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	88				88
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	52	0	0	0	52
	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)	52	0	0	0	52
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	-				0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	11	153,305		(a)					11	153,305
21.	Issued during year	1	10,000							1	10,000
22.	Other changes to in force (Net)	(1)	(44,849)							(1)	(44,849)
23.	In force December 31 of current year	11	118,456	0	(a) 0	0	0	0	0	11	118,456

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	89,518	88,855		56,757	53,953
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)	89,518	88,855	0	56,757	53,953
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,518	88,855	0	56,757	53,953

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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	561,009		1,444		562,453
2.	Annuity considerations	80,033				80,033
3.	Deposit-type contract funds	2,301	XXX		XXX	2,301
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	643,343	0	1,444	0	644,787
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	17,450				17,450
6.2	Applied to pay renewal premiums	14				14
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,476				4,476
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	21,940	0	0	0	21,940
	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)	21,940	0	0	0	21,940
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	692,401		-		692,401
10.	Matured endowments	6,507				6,507
11.	Annuity benefits	537,949				537,949
12.	Surrender values and withdrawals for life contracts	2,815,130				2,815,130
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	4,051,987	0	0	0	4,051,987
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	83	251,550							83	251,550
17.	Incurred during current year	128	617,134							128	617,134
	Settled during current year:										
18.1	By payment in full	149	653,776							149	653,776
18.2	By payment on compromised claims									0	0
18.3	Totals paid	149	653,776	0	0	0	0	0	0	149	653,776
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	149	653,776	0	0	0	0	0	0	149	653,776
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	62	214,908	0	0	0	0	0	0	62	214,908
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,150	34,152,616		(a)	1	22,400			3,151	34,175,016
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(158)	(1,878,755)				(3,500)			(158)	(1,882,255)
23.	In force December 31 of current year	2,992	32,273,861	0	(a) 0	1	18,900	0	0	2,993	32,292,761

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,249	1,258		100	(4,074)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	2,802	2,770		604	(23,021)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,411,826	3,391,467		1,564,886	1,724,852
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,411,826	3,391,467	0	1,564,886	1,724,852
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,415,877	3,395,495	0	1,565,590	1,697,757

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	336,278		3,089		339,367
2.	Annuity considerations	181				181
3.	Deposit-type contract funds	11,421	XXX		XXX	11,421
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	347,880	0	3,089	0	350,969
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	61,548				61,548
6.2	Applied to pay renewal premiums	2,205				2,205
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,433				2,433
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	66,186	0	0	0	66,186
	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)	66,186	0	0	0	66,186
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	466,461		1,963		468,424
10.	Matured endowments	6,682				6,682
11.	Annuity benefits	14,385				14,385
12.	Surrender values and withdrawals for life contracts	277,789				277,789
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	765,317	0	1,963	0	767,280
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	43	157,309							43	157,309
17.	Incurred during current year	76	429,707							76	429,707
	Settled during current year:										
18.1	By payment in full	93	434,249							93	434,249
18.2	By payment on compromised claims									0	0
18.3	Totals paid	93	434,249	0	0	0	0	0	0	93	434,249
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	93	434,249	0	0	0	0	0	0	93	434,249
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	26	152,767	0	0	0	0	0	0	26	152,767
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,580	22,224,955		(a)	4	201,000			2,584	22,425,955
21.	Issued during year	106	901,500							106	901,500
22.	Other changes to in force (Net)	(447)	(2,718,149)				(50,000)			(447)	(2,768,149)
23.	In force December 31 of current year	2,239	20,408,306	0	(a) 0	4	151,000	0	0	2,243	20,559,306

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,121	5,454		1,304	(3,811)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	2,578	2,571		2,257	2,266
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,916,477	2,915,816		1,676,374	1,830,315
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)	2,916,477	2,915,816	0	1,676,374	1,830,315
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,924,176	2,923,841	0	1,679,935	1,828,770

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	6,745,325		42,366		6,787,691
2.	Annuity considerations	576,353				576,353
3.	Deposit-type contract funds	61,570	XXX		XXX	61,570
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,383,248	0	42,366	0	7,425,614
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	219,358				219,358
6.2	Applied to pay renewal premiums	3,567				3,567
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	16,327				16,327
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	239,252	0	0	0	239,252
	Annuities:					
7.1	Paid in cash or left on deposit	207				207
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	207	0	0	0	207
8.	Grand Totals (Lines 6.5 + 7.4)	239,459	0	0	0	239,459
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,290,357		99,162		8,389,519
10.	Matured endowments	100,801				100,801
11.	Annuity benefits	5,768,404				5,768,404
12.	Surrender values and withdrawals for life contracts	15,039,613				15,039,613
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	29,199,175	0	99,162	0	29,298,337
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	548	2,547,952							548	2,547,952
17.	Incurred during current year	1,062	7,488,182							1,062	7,488,182
	Settled during current year:										
18.1	By payment in full	1,200	7,941,425							1,200	7,941,425
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,200	7,941,425	0	0	0	0	0	0	1,200	7,941,425
18.4	Reduction by compromise									0	0
18.5	Amount rejected	1	24,121							1	24,121
18.6	Total settlements	1,201	7,965,546	0	0	0	0	0	0	1,201	7,965,546
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	409	2,070,588	0	0	0	0	0	0	409	2,070,588
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	29,382	464,777,252		(a)	1,953	3,973,724			31,335	468,750,976
21.	Issued during year	2,550	23,615,500							2,550	23,615,500
22.	Other changes to in force (Net)	(2,506)	(39,888,071)			(37)	(550,724)			(2,543)	(40,438,795)
23.	In force December 31 of current year	29,426	448,504,681	0	(a) 0	1,916	3,423,000	0	0	31,342	451,927,681

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,558,179	6,615,700		2,353,530	2,325,289
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	20,869	21,153		19,311	(12,448)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	218,874,355	218,367,002		142,918,158	150,453,259
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	602	602			(8)
25.6	Totals (Sum of Lines 25.1 to 25.5)	218,874,957	218,367,604	0	142,918,158	150,453,251
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	225,454,005	225,004,457	0	145,290,999	152,766,092

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	930		-		930
2.	Annuity considerations	-				0
3.	Deposit-type contract funds	226	XXX		XXX	226
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,156	0	0	0	1,156
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	68				68
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)	68	0	0	0	68
	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)	68	0	0	0	68
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	-				0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	8,852		-		8,852
2. Annuity considerations	8				8
3. Deposit-type contract funds	1,018	XXX		XXX	1,018
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,878	0	0	0	9,878
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,073				2,073
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)	2,073	0	0	0	2,073
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)	2,073	0	0	0	2,073
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,161		-		10,161
10. Matured endowments	-				0
11. Annuity benefits	-				0
12. Surrender values and withdrawals for life contracts	7,361				7,361
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	17,522	0	0	0	17,522
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	9,314							1	9,314
17. Incurred during current year	1	6,883							1	6,883
Settled during current year:										
18.1 By payment in full	1	9,314							1	9,314
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	9,314	0	0	0	0	0	0	1	9,314
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	9,314	0	0	0	0	0	0	1	9,314
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	6,883	0	0	0	0	0	0	1	6,883
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	52	843,093		(a)					52	843,093
21. Issued during year									0	0
22. Other changes to in force (Net)		(6,000)							0	(6,000)
23. In force December 31 of current year	52	837,093	0	(a) 0	0	0	0	0	52	837,093

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	536	536			24
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)	484,173	480,545		205,471	231,537
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)	484,173	480,545	0	205,471	231,537
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	484,709	481,081	0	205,471	231,561

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	25,059		-		25,059
2.	Annuity considerations	-				0
3.	Deposit-type contract funds	278	XXX		XXX	278
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	25,337	0	0	0	25,337
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	438				438
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	6				6
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	444	0	0	0	444
	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)	444	0	0	0	444
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	88,057				88,057
12.	Surrender values and withdrawals for life contracts	29,987				29,987
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	118,044	0	0	0	118,044
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	36	354,274		(a)	1	100,000			37	454,274
21.	Issued during year	29	241,000							29	241,000
22.	Other changes to in force (Net)	(2)	(53,861)				(50,000)			(2)	(103,861)
23.	In force December 31 of current year	63	541,413	0	(a) 0	1	50,000	0	0	64	591,413

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,398	6,459		504	705
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)	3,022,537	3,046,924		2,283,829	2,333,523
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)	3,022,537	3,046,924	0	2,283,829	2,333,523
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,028,935	3,053,383	0	2,284,333	2,334,228

(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.

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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,911		-		3,911
2.	Annuity considerations	53				53
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,964	0	0	0	3,964
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	185				185
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)	185	0	0	0	185
	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)	185	0	0	0	185
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	88,803		-		88,803
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	64,055				64,055
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	152,858	0	0	0	152,858
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	86,643							1	86,643
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	1	86,643							1	86,643
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	86,643	0	0	0	0	0	0	1	86,643
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	86,643	0	0	0	0	0	0	1	86,643
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	16	927,812		(a)					16	927,812
21.	Issued during year	4	17,000							4	17,000
22.	Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23.	In force December 31 of current year	19	934,812	0	(a) 0	0	0	0	0	19	934,812

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,222,220	2,219,820		1,454,953	1,506,043
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)	2,222,220	2,219,820	0	1,454,953	1,506,043
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,222,220	2,219,820	0	1,454,953	1,506,043

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	204,812		1,349		206,161
2.	Annuity considerations	437				437
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	205,249	0	1,349	0	206,598
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,933				1,933
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)	1,933	0	0	0	1,933
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,933	0	0	0	1,933
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	224,829		-		224,829
10.	Matured endowments	-				0
11.	Annuity benefits	100,842				100,842
12.	Surrender values and withdrawals for life contracts	401,774				401,774
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	727,445	0	0	0	727,445
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	10,111							3	10,111
17.	Incurred during current year	19	235,736							19	235,736
	Settled during current year:										
18.1	By payment in full	18	223,716							18	223,716
18.2	By payment on compromised claims									0	0
18.3	Totals paid	18	223,716	0	0	0	0	0	0	18	223,716
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	18	223,716	0	0	0	0	0	0	18	223,716
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	22,131	0	0	0	0	0	0	4	22,131
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	451	8,672,560		(a)	3	175,500			454	8,848,060
21.	Issued during year	196	1,493,000							196	1,493,000
22.	Other changes to in force (Net)	(60)	(737,776)			(1)	(500)			(61)	(738,276)
23.	In force December 31 of current year	587	9,427,784	0	(a) 0	2	175,000	0	0	589	9,602,784

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	42,441	42,969		24,221	25,157
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	11,398,765	11,454,968		7,856,289	8,044,830
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	11,398,765	11,454,968	0	7,856,289	8,044,830
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,441,206	11,497,937	0	7,880,510	8,069,987

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	257,607		2,660		260,267
2.	Annuity considerations	80,123				80,123
3.	Deposit-type contract funds	538	XXX		XXX	538
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	338,268	0	2,660	0	340,928
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	717				717
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)	717	0	0	0	717
	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)	717	0	0	0	717
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	285,583		-		285,583
10.	Matured endowments	-				0
11.	Annuity benefits	271,846				271,846
12.	Surrender values and withdrawals for life contracts	529,732				529,732
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	1,087,161	0	0	0	1,087,161
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	38,807							6	38,807
17.	Incurred during current year	27	255,568							27	255,568
	Settled during current year:										
18.1	By payment in full	29	277,996							29	277,996
18.2	By payment on compromised claims									0	0
18.3	Totals paid	29	277,996	0	0	0	0	0	0	29	277,996
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	29	277,996	0	0	0	0	0	0	29	277,996
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	16,379	0	0	0	0	0	0	4	16,379
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	985	14,849,969		(a)	3	175,000			988	15,024,969
21.	Issued during year	64	679,000							64	679,000
22.	Other changes to in force (Net)	(67)	(985,202)							(67)	(985,202)
23.	In force December 31 of current year	982	14,543,767	0	(a) 0	3	175,000	0	0	985	14,718,767

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,013	6,011		1	(8,345)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	10,766,796	10,773,065		8,126,934	8,325,900
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)	10,766,796	10,773,065	0	8,126,934	8,325,900
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,772,809	10,779,076	0	8,126,935	8,317,555

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	67,298		-		67,298
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	518	XXX		XXX	518
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	67,824	0	0	0	67,824
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	419				419
6.2	Applied to pay renewal premiums	186				186
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	62				62
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	667	0	0	0	667
	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)	667	0	0	0	667
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	47,953		-		47,953
10.	Matured endowments	-				0
11.	Annuity benefits	63,576				63,576
12.	Surrender values and withdrawals for life contracts	190,173				190,173
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	301,702	0	0	0	301,702
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	10,881							3	10,881
17.	Incurred during current year	4	47,475							4	47,475
	Settled during current year:										
18.1	By payment in full	5	47,620							5	47,620
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	47,620	0	0	0	0	0	0	5	47,620
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	47,620	0	0	0	0	0	0	5	47,620
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,736	0	0	0	0	0	0	2	10,736
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	238	4,760,524		(a)					238	4,760,524
21.	Issued during year	56	484,000							56	484,000
22.	Other changes to in force (Net)	(23)	(577,266)							(23)	(577,266)
23.	In force December 31 of current year	271	4,667,258	0	(a) 0	0	0	0	0	271	4,667,258

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	450,243	464,616		139,457	176,712
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69	69		(2)	3
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	8,019,798	7,997,297		4,767,543	5,196,989
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	8,019,798	7,997,297	0	4,767,543	5,196,989
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,470,110	8,461,982	0	4,906,998	5,373,704

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	159,989		-		159,989
2.	Annuity considerations	119				119
3.	Deposit-type contract funds	230	XXX		XXX	230
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	160,338	0	0	0	160,338
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,609				2,609
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)	2,609	0	0	0	2,609
	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)	2,609	0	0	0	2,609
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	25,318		-		25,318
10.	Matured endowments	41,000				41,000
11.	Annuity benefits	27,578				27,578
12.	Surrender values and withdrawals for life contracts	171,986				171,986
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	265,882	0	0	0	265,882
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	12,073							3	12,073
17.	Incurred during current year	4	56,927							4	56,927
	Settled during current year:										
18.1	By payment in full	5	60,000							5	60,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	60,000	0	0	0	0	0	0	5	60,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	60,000	0	0	0	0	0	0	5	60,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	9,000	0	0	0	0	0	0	2	9,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	152	3,258,454		(a)					152	3,258,454
21.	Issued during year	143	1,471,500							143	1,471,500
22.	Other changes to in force (Net)	(45)	(589,300)							(45)	(589,300)
23.	In force December 31 of current year	250	4,140,654	0	(a) 0	0	0	0	0	250	4,140,654

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,182,775	5,185,207		3,711,036	3,825,248
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)	5,182,775	5,185,207	0	3,711,036	3,825,248
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,182,775	5,185,207	0	3,711,036	3,825,248

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	217,417		31		217,448
2.	Annuity considerations	253				253
3.	Deposit-type contract funds	317	XXX		XXX	317
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	217,987	0	31	0	218,018
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,800				5,800
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)	5,800	0	0	0	5,800
	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)	5,800	0	0	0	5,800
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	279,328		-		279,328
10.	Matured endowments	(38)				(38)
11.	Annuity benefits	3				3
12.	Surrender values and withdrawals for life contracts	151,055				151,055
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	430,348	0	0	0	430,348
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	165,253							9	165,253
17.	Incurred during current year	19	181,221							19	181,221
	Settled during current year:										
18.1	By payment in full	19	240,074							19	240,074
18.2	By payment on compromised claims									0	0
18.3	Totals paid	19	240,074	0	0	0	0	0	0	19	240,074
18.4	Reduction by compromise									0	0
18.5	Amount rejected	1	24,121							1	24,121
18.6	Total settlements	20	264,195	0	0	0	0	0	0	20	264,195
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	82,279	0	0	0	0	0	0	8	82,279
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	974	25,607,492		(a)					974	25,607,492
21.	Issued during year	84	691,000							84	691,000
22.	Other changes to in force (Net)	(88)	(2,605,279)							(88)	(2,605,279)
23.	In force December 31 of current year	970	23,693,213	0	(a) 0	0	0	0	0	970	23,693,213

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	572,314	565,466		96,492	93,143
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	337	337			(2,619)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,547,838	4,531,226		2,374,025	2,487,625
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)	4,547,838	4,531,226	0	2,374,025	2,487,625
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,120,489	5,097,029	0	2,470,517	2,578,149

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

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	64,900		256		65,156
2.	Annuity considerations	342				342
3.	Deposit-type contract funds	480	XXX		XXX	480
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	65,722	0	256	0	65,978
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	548				548
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)	548	0	0	0	548
	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)	548	0	0	0	548
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	170,347		-		170,347
10.	Matured endowments	-				0
11.	Annuity benefits	2,493				2,493
12.	Surrender values and withdrawals for life contracts	150,167				150,167
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	323,007	0	0	0	323,007
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	12	64,294							12	64,294
17.	Incurred during current year	9	135,641							9	135,641
	Settled during current year:										
18.1	By payment in full	15	168,711							15	168,711
18.2	By payment on compromised claims									0	0
18.3	Totals paid	15	168,711	0	0	0	0	0	0	15	168,711
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	15	168,711	0	0	0	0	0	0	15	168,711
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	31,224	0	0	0	0	0	0	6	31,224
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	333	4,858,961		(a)	1	61,700			334	4,920,661
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(15)	(223,956)				(5,000)			(15)	(228,956)
23.	In force December 31 of current year	318	4,635,005	0	(a) 0	1	56,700	0	0	319	4,691,705

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	945	945		225	270
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	68,779	68,447		29,056	20,369
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	68,779	68,447	0	29,056	20,369
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,724	69,392	0	29,281	20,639

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	81,841		-		81,841
2.	Annuity considerations	586				586
3.	Deposit-type contract funds	2,173	XXX		XXX	2,173
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	84,600	0	0	0	84,600
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,369				2,369
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	41				41
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,410	0	0	0	2,410
	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)	2,410	0	0	0	2,410
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	54,014		-		54,014
10.	Matured endowments	5,609				5,609
11.	Annuity benefits	68,741				68,741
12.	Surrender values and withdrawals for life contracts	59,260				59,260
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	187,624	0	0	0	187,624
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	45,233							7	45,233
17.	Incurred during current year	6	9,843							6	9,843
	Settled during current year:										
18.1	By payment in full	13	55,076							13	55,076
18.2	By payment on compromised claims									0	0
18.3	Totals paid	13	55,076	0	0	0	0	0	0	13	55,076
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	13	55,076	0	0	0	0	0	0	13	55,076
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	226	3,652,515		(a)	1	6,000			227	3,658,515
21.	Issued during year	17	213,500							17	213,500
22.	Other changes to in force (Net)	(19)	(405,132)							(19)	(405,132)
23.	In force December 31 of current year	224	3,460,883	0	(a) 0	1	6,000	0	0	225	3,466,883

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,606	6,661		52	(25,500)
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)	338,121	337,441		191,651	190,877
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)	338,121	337,441	0	191,651	190,877
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	344,727	344,102	0	191,703	165,377

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

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	66,440		-		66,440
2.	Annuity considerations	483				483
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	66,923	0	0	0	66,923
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	593				593
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	48				48
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	641	0	0	0	641
	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)	641	0	0	0	641
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	117,651		-		117,651
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	87,714				87,714
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	205,365	0	0	0	205,365
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	3,632							3	3,632
17.	Incurred during current year	13	125,062							13	125,062
	Settled during current year:										
18.1	By payment in full	14	116,522							14	116,522
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	116,522	0	0	0	0	0	0	14	116,522
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	116,522	0	0	0	0	0	0	14	116,522
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	12,172	0	0	0	0	0	0	2	12,172
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	312	4,648,951		(a)					312	4,648,951
21.	Issued during year	4	57,000							4	57,000
22.	Other changes to in force (Net)	(27)	(355,838)							(27)	(355,838)
23.	In force December 31 of current year	289	4,350,113	0	(a) 0	0	0	0	0	289	4,350,113

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,212,613	1,194,862		707,946	802,364
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)	1,212,613	1,194,862	0	707,946	802,364
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,212,613	1,194,862	0	707,946	802,364

(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.

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DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	92,917		-		92,917
2.	Annuity considerations	1,121				1,121
3.	Deposit-type contract funds	102	XXX		XXX	102
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	94,140	0	0	0	94,140
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,479				1,479
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	145				145
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,624	0	0	0	1,624
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,624	0	0	0	1,624
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	128,357		-		128,357
10.	Matured endowments	-				0
11.	Annuity benefits	42,011				42,011
12.	Surrender values and withdrawals for life contracts	647,341				647,341
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	817,709	0	0	0	817,709
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	116,000							3	116,000
17.	Incurred during current year	2	17,000							2	17,000
	Settled during current year:										
18.1	By payment in full	4	119,000							4	119,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	119,000	0	0	0	0	0	0	4	119,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	119,000	0	0	0	0	0	0	4	119,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	14,000	0	0	0	0	0	0	1	14,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	93	5,754,220		(a)					93	5,754,220
21.	Issued during year	91	866,000							91	866,000
22.	Other changes to in force (Net)	(16)	(304,966)							(16)	(304,966)
23.	In force December 31 of current year	168	6,315,254	0	(a) 0	0	0	0	0	168	6,315,254

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	7,053	6,786		292	(3,511)
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)	7,120,439	7,130,547		5,206,958	5,410,986
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,120,439	7,130,547	0	5,206,958	5,410,986
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,127,492	7,137,333	0	5,207,250	5,407,475

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	24,192		-		24,192
2.	Annuity considerations	162,258				162,258
3.	Deposit-type contract funds	57	XXX		XXX	57
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	186,507	0	0	0	186,507
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	777				777
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	164				164
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	941	0	0	0	941
	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)	941	0	0	0	941
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	125,213		-		125,213
10.	Matured endowments	-				0
11.	Annuity benefits	396,464				396,464
12.	Surrender values and withdrawals for life contracts	1,160,029				1,160,029
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	1,681,706	0	0	0	1,681,706
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	20,492							5	20,492
17.	Incurred during current year	27	158,069							27	158,069
	Settled during current year:										
18.1	By payment in full	26	121,663							26	121,663
18.2	By payment on compromised claims									0	0
18.3	Totals paid	26	121,663	0	0	0	0	0	0	26	121,663
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	26	121,663	0	0	0	0	0	0	26	121,663
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	56,898	0	0	0	0	0	0	6	56,898
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	330	4,079,181		(a)					330	4,079,181
21.	Issued during year	6	82,000							6	82,000
22.	Other changes to in force (Net)	(22)	(128,864)							(22)	(128,864)
23.	In force December 31 of current year	314	4,032,317	0	(a) 0	0	0	0	0	314	4,032,317

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,856,359	1,846,395		1,423,896	1,498,410
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)	1,856,359	1,846,395	0	1,423,896	1,498,410
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,856,359	1,846,395	0	1,423,896	1,498,410

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	214,600		284		214,884
2.	Annuity considerations	376				376
3.	Deposit-type contract funds	118	XXX		XXX	118
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	215,094	0	284	0	215,378
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,766				1,766
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	27				27
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,793	0	0	0	1,793
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,793	0	0	0	1,793
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	309,878		-		309,878
10.	Matured endowments	145				145
11.	Annuity benefits	158,127				158,127
12.	Surrender values and withdrawals for life contracts	188,653				188,653
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	656,803	0	0	0	656,803
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	21	107,974							21	107,974
17.	Incurred during current year	28	249,398							28	249,398
	Settled during current year:										
18.1	By payment in full	39	300,642							39	300,642
18.2	By payment on compromised claims									0	0
18.3	Totals paid	39	300,642	0	0	0	0	0	0	39	300,642
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	39	300,642	0	0	0	0	0	0	39	300,642
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	56,730	0	0	0	0	0	0	10	56,730
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	778	10,718,458		(a)	1	75,000			779	10,793,458
21.	Issued during year	138	1,143,500							138	1,143,500
22.	Other changes to in force (Net)	(105)	(1,237,308)			(1)	(75,000)			(106)	(1,312,308)
23.	In force December 31 of current year	811	10,624,650	0	(a) 0	0	0	0	0	811	10,624,650

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	174,602	203,895		17,305	70,770
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)	3,860,758	3,841,812		2,290,631	2,410,619
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)	3,860,758	3,841,812	0	2,290,631	2,410,619
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,035,360	4,045,707	0	2,307,936	2,481,389

(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 NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	-		-		0
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	-				0
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	-				0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	-				0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0		0	0	0	0	0	0	0
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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	602	602			(8)
25.6	Totals (Sum of Lines 25.1 to 25.5)	602	602	0	0	(8)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	602	602	0	0	(8)

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	242,824		5,493		248,317
2.	Annuity considerations	3,521				3,521
3.	Deposit-type contract funds	217	XXX		XXX	217
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	246,562	0	5,493	0	252,055
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,815				3,815
6.2	Applied to pay renewal premiums	161				161
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)	3,976	0	0	0	3,976
	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)	3,976	0	0	0	3,976
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	253,716		53,300		307,016
10.	Matured endowments	(1,518)				(1,518)
11.	Annuity benefits	4,352				4,352
12.	Surrender values and withdrawals for life contracts	246,528				246,528
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	503,078	0	53,300	0	556,378
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	29	102,642							29	102,642
17.	Incurred during current year	43	234,469							43	234,469
	Settled during current year:										
18.1	By payment in full	48	240,024							48	240,024
18.2	By payment on compromised claims									0	0
18.3	Totals paid	48	240,024	0	0	0	0	0	0	48	240,024
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	48	240,024	0	0	0	0	0	0	48	240,024
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	24	97,087	0	0	0	0	0	0	24	97,087
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,140	17,080,125		(a)	1,804	707,400			2,944	17,787,525
21.	Issued during year	70	568,500							70	568,500
22.	Other changes to in force (Net)	(71)	(1,065,576)			(3)	(61,100)			(74)	(1,126,676)
23.	In force December 31 of current year	1,139	16,583,049	0	(a) 0	1,801	646,300	0	0	2,940	17,229,349

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	382,894	396,639		118,715	146,482
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	52		(1)	2
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,608,221	6,621,394		4,384,205	4,500,864
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)	6,608,221	6,621,394	0	4,384,205	4,500,864
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,991,167	7,018,085	0	4,502,919	4,647,348

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	794		-		794
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	809	0	0	0	809
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	287				287
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)	287	0	0	0	287
	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)	287	0	0	0	287
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	6,610				6,610
12.	Surrender values and withdrawals for life contracts	11,802				11,802
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	18,412	0	0	0	18,412
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4	24,389		(a)					4	24,389
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23.	In force December 31 of current year	3	14,389	0	(a) 0	0	0	0	0	3	14,389

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,242,801	1,248,106		918,155	927,019
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)	1,242,801	1,248,106	0	918,155	927,019
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,242,801	1,248,106	0	918,155	927,019

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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	442,841		-		442,841
2.	Annuity considerations	18,762				18,762
3.	Deposit-type contract funds	13,789	XXX		XXX	13,789
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	475,392	0	0	0	475,392
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	15,692				15,692
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,867				4,867
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	20,559	0	0	0	20,559
	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)	20,559	0	0	0	20,559
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	592,625		-		592,625
10.	Matured endowments	5,219				5,219
11.	Annuity benefits	24,491				24,491
12.	Surrender values and withdrawals for life contracts	442,358				442,358
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	1,064,693	0	0	0	1,064,693
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	25	106,960							25	106,960
17.	Incurred during current year	71	585,469							71	585,469
	Settled during current year:										
18.1	By payment in full	78	580,258							78	580,258
18.2	By payment on compromised claims									0	0
18.3	Totals paid	78	580,258	0	0	0	0	0	0	78	580,258
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	78	580,258	0	0	0	0	0	0	78	580,258
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	18	112,171	0	0	0	0	0	0	18	112,171
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,222	31,446,577		(a)					2,222	31,446,577
21.	Issued during year	177	1,787,500							177	1,787,500
22.	Other changes to in force (Net)	(207)	(2,402,453)							(207)	(2,402,453)
23.	In force December 31 of current year	2,192	30,831,624	0	(a) 0	0	0	0	0	2,192	30,831,624

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	42,793	43,405		54,546	55,656
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	8,918	9,081		7,640	8,057
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,016,501	6,042,843		3,863,926	4,259,167
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)	6,016,501	6,042,843	0	3,863,926	4,259,167
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,068,212	6,095,329	0	3,926,112	4,322,880

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	509		286		795
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	509	0	286	0	795
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	171				171
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)	171	0	0	0	171
	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)	171	0	0	0	171
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	12,063		-		12,063
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	2,743				2,743
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	14,806	0	0	0	14,806
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	4	13,834							4	13,834
	Settled during current year:										
18.1	By payment in full	3	12,022							3	12,022
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	12,022	0	0	0	0	0	0	3	12,022
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	12,022	0	0	0	0	0	0	3	12,022
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,812	0	0	0	0	0	0	1	1,812
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	17	143,654		(a)	1	125,000			18	268,654
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(35,226)							(4)	(35,226)
23.	In force December 31 of current year	13	108,428	0	(a) 0	1	125,000	0	0	14	233,428

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	16,700	16,976		1,896	1,749
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)	143,076	144,412		116,414	112,575
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)	143,076	144,412	0	116,414	112,575
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	159,776	161,388	0	118,310	114,324

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	27,442		-		27,442
2.	Annuity considerations	-				0
3.	Deposit-type contract funds	4,638	XXX		XXX	4,638
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	32,080	0	0	0	32,080
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	707				707
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	711	0	0	0	711
	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)	711	0	0	0	711
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	20,088		-		20,088
10.	Matured endowments	131				131
11.	Annuity benefits	57,600				57,600
12.	Surrender values and withdrawals for life contracts	152,857				152,857
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	230,676	0	0	0	230,676
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	20,131							2	20,131
	Settled during current year:										
18.1	By payment in full	2	20,131							2	20,131
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	20,131	0	0	0	0	0	0	2	20,131
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	20,131	0	0	0	0	0	0	2	20,131
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	53	704,856		(a)					53	704,856
21.	Issued during year	9	95,500							9	95,500
22.	Other changes to in force (Net)	(5)	(47,353)							(5)	(47,353)
23.	In force December 31 of current year	57	753,003	0	(a) 0	0	0	0	0	57	753,003

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,728	4,461		503	(55,952)
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)	3,061,589	3,053,341		2,089,946	2,162,005
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)	3,061,589	3,053,341	0	2,089,946	2,162,005
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,066,317	3,057,802	0	2,090,449	2,106,053

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

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,060		-		12,060
2.	Annuity considerations	24				24
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,084	0	0	0	12,084
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	195				195
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)	195	0	0	0	195
	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)	195	0	0	0	195
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	14,928		-		14,928
10.	Matured endowments	-				0
11.	Annuity benefits	8,000				8,000
12.	Surrender values and withdrawals for life contracts	68,466				68,466
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	91,394	0	0	0	91,394
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	11,708							2	11,708
17.	Incurred during current year	1	2,963							1	2,963
	Settled during current year:										
18.1	By payment in full	2	11,708							2	11,708
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	11,708	0	0	0	0	0	0	2	11,708
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	11,708	0	0	0	0	0	0	2	11,708
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,963	0	0	0	0	0	0	1	2,963
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	55	1,182,836		(a)					55	1,182,836
21.	Issued during year	1	4,000							1	4,000
22.	Other changes to in force (Net)	(2)	(62,154)							(2)	(62,154)
23.	In force December 31 of current year	54	1,124,682	0	(a) 0	0	0	0	0	54	1,124,682

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	428	428			18
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)	84,239	84,676		30,560	36,182
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)	84,239	84,676	0	30,560	36,182
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	84,667	85,104	0	30,560	36,200

(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 NEW JERSEY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	111,291		-		111,291
2.	Annuity considerations	4,185				4,185
3.	Deposit-type contract funds	353	XXX		XXX	353
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	115,829	0	0	0	115,829
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	992				992
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	34				34
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,026	0	0	0	1,026
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,026	0	0	0	1,026
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	74,107		-		74,107
10.	Matured endowments	-				0
11.	Annuity benefits	77,658				77,658
12.	Surrender values and withdrawals for life contracts	111,886				111,886
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	263,651	0	0	0	263,651
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	12	51,086							12	51,086
17.	Incurred during current year	14	82,855							14	82,855
	Settled during current year:										
18.1	By payment in full	14	64,817							14	64,817
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	64,817	0	0	0	0	0	0	14	64,817
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	64,817	0	0	0	0	0	0	14	64,817
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	69,124	0	0	0	0	0	0	12	69,124
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,125	11,264,649		(a)	1	500			2,126	11,265,149
21.	Issued during year	35	368,500							35	368,500
22.	Other changes to in force (Net)	(80)	(458,225)			(1)	(500)			(81)	(458,725)
23.	In force December 31 of current year	2,080	11,174,924	0	(a) 0	0	0	0	0	2,080	11,174,924

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,560	1,644		1	(1,685)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	13,812,236	13,647,423		10,126,731	10,697,344
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	13,812,236	13,647,423	0	10,126,731	10,697,344
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,813,796	13,649,067	0	10,126,732	10,695,659

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	32,809		-		32,809
2.	Annuity considerations	119				119
3.	Deposit-type contract funds	664	XXX		XXX	664
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	33,592	0	0	0	33,592
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,192				1,192
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)	1,192	0	0	0	1,192
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,192	0	0	0	1,192
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	30,054		-		30,054
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	8,247				8,247
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	38,301	0	0	0	38,301
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year	2	30,000							2	30,000
	Settled during current year:										
18.1	By payment in full	2	30,000							2	30,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	30,000	0	0	0	0	0	0	2	30,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	30,000	0	0	0	0	0	0	2	30,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	51	1,220,595		(a)					51	1,220,595
21.	Issued during year	22	196,000							22	196,000
22.	Other changes to in force (Net)	(7)	(88,359)							(7)	(88,359)
23.	In force December 31 of current year	66	1,328,236	0	(a) 0	0	0	0	0	66	1,328,236

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,202	1,202		201	226
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)	1,680,601	1,680,257		600,711	664,114
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,680,601	1,680,257	0	600,711	664,114
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,681,803	1,681,459	0	600,912	664,340

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	32,191		-		32,191
2.	Annuity considerations	-				0
3.	Deposit-type contract funds	4,949	XXX		XXX	4,949
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	37,140	0	0	0	37,140
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,777				1,777
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)	1,777	0	0	0	1,777
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,777	0	0	0	1,777
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,551		-		7,551
10.	Matured endowments	-				0
11.	Annuity benefits	6,916				6,916
12.	Surrender values and withdrawals for life contracts	13,451				13,451
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	27,918	0	0	0	27,918
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	1,000							1	1,000
17.	Incurred during current year		6,500							0	6,500
	Settled during current year:										
18.1	By payment in full	1	7,500							1	7,500
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	7,500	0	0	0	0	0	0	1	7,500
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	7,500	0	0	0	0	0	0	1	7,500
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	47	2,321,272		(a)					47	2,321,272
21.	Issued during year	14	137,000							14	137,000
22.	Other changes to in force (Net)	(2)	(29,000)							(2)	(29,000)
23.	In force December 31 of current year	59	2,429,272	0	(a) 0	0	0	0	0	59	2,429,272

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	180	180			(5,469)
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)	355,856	356,173		101,759	111,782
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)	355,856	356,173	0	101,759	111,782
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	356,036	356,353	0	101,759	106,313

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,277		-		14,277
2.	Annuity considerations	285				285
3.	Deposit-type contract funds	355	XXX		XXX	355
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,917	0	0	0	14,917
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,882				1,882
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	291				291
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,173	0	0	0	2,173
	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)	2,173	0	0	0	2,173
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	45,586		-		45,586
10.	Matured endowments	-				0
11.	Annuity benefits	193,813				193,813
12.	Surrender values and withdrawals for life contracts	97,606				97,606
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	337,005	0	0	0	337,005
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	10,000							1	10,000
17.	Incurred during current year	4	45,266							4	45,266
	Settled during current year:										
18.1	By payment in full	3	45,000							3	45,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	45,000	0	0	0	0	0	0	3	45,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	45,000	0	0	0	0	0	0	3	45,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,266	0	0	0	0	0	0	2	10,266
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	69	1,346,122		(a)					69	1,346,122
21.	Issued during year	1	4,000							1	4,000
22.	Other changes to in force (Net)	(3)	(63,609)							(3)	(63,609)
23.	In force December 31 of current year	67	1,286,513	0	(a) 0	0	0	0	0	67	1,286,513

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	88,788	88,988		66,372	69,840
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)	88,788	88,988	0	66,372	69,840
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,788	88,988	0	66,372	69,840

(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.

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	198,998		-		198,998
2.	Annuity considerations	793				793
3.	Deposit-type contract funds	71	XXX		XXX	71
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	199,862	0	0	0	199,862
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,525				1,525
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)	1,525	0	0	0	1,525
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,525	0	0	0	1,525
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	63,978		-		63,978
10.	Matured endowments	1,250				1,250
11.	Annuity benefits	192,182				192,182
12.	Surrender values and withdrawals for life contracts	318,019				318,019
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	575,429	0	0	0	575,429
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	10,000							1	10,000
17.	Incurred during current year	6	54,917							6	54,917
	Settled during current year:										
18.1	By payment in full	7	64,917							7	64,917
18.2	By payment on compromised claims									0	0
18.3	Totals paid	7	64,917	0	0	0	0	0	0	7	64,917
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	7	64,917	0	0	0	0	0	0	7	64,917
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	408	17,288,141		(a)					408	17,288,141
21.	Issued during year	50	458,000							50	458,000
22.	Other changes to in force (Net)	(39)	(2,704,462)							(39)	(2,704,462)
23.	In force December 31 of current year	419	15,041,679	0	(a) 0	0	0	0	0	419	15,041,679

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,757	8,783		1,494	(53,263)
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)	5,474,164	5,477,371		3,060,580	3,166,500
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)	5,474,164	5,477,371	0	3,060,580	3,166,500
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,482,921	5,486,154	0	3,062,074	3,113,237

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	99,655		646		100,301
2.	Annuity considerations	152				152
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	99,807	0	646	0	100,453
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,952				1,952
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	176				176
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,128	0	0	0	2,128
	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)	2,128	0	0	0	2,128
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	85,862		-		85,862
10.	Matured endowments	10,100				10,100
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	91,289				91,289
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	187,251	0	0	0	187,251
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	9,110							3	9,110
17.	Incurred during current year	19	102,097							19	102,097
	Settled during current year:										
18.1	By payment in full	18	95,523							18	95,523
18.2	By payment on compromised claims									0	0
18.3	Totals paid	18	95,523	0	0	0	0	0	0	18	95,523
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	18	95,523	0	0	0	0	0	0	18	95,523
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	15,684	0	0	0	0	0	0	4	15,684
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	298	4,819,190		(a)	10	90,000			308	4,909,190
21.	Issued during year	41	433,000							41	433,000
22.	Other changes to in force (Net)	(47)	(1,346,065)			(1)	(3,000)			(48)	(1,349,065)
23.	In force December 31 of current year	292	3,906,125	0	(a) 0	9	87,000	0	0	301	3,993,125

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,682	11,481		1,129	(6,623)
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)	2,845,234	2,837,368		1,442,983	1,582,969
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)	2,845,234	2,837,368	0	1,442,983	1,582,969
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,856,916	2,848,849	0	1,444,112	1,576,346

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	19,766		-		19,766
2.	Annuity considerations	60				60
3.	Deposit-type contract funds	28	XXX		XXX	28
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	19,854	0	0	0	19,854
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	992				992
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)	992	0	0	0	992
	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)	992	0	0	0	992
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	24,056		-		24,056
10.	Matured endowments	-				0
11.	Annuity benefits	100,178				100,178
12.	Surrender values and withdrawals for life contracts	44,437				44,437
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	168,671	0	0	0	168,671
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	23,742							3	23,742
	Settled during current year:										
18.1	By payment in full	3	23,742							3	23,742
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	23,742	0	0	0	0	0	0	3	23,742
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	23,742	0	0	0	0	0	0	3	23,742
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	29	2,263,071		(a)					29	2,263,071
21.	Issued during year	17	112,000							17	112,000
22.	Other changes to in force (Net)	(5)	(28,683)							(5)	(28,683)
23.	In force December 31 of current year	41	2,346,388	0	(a) 0	0	0	0	0	41	2,346,388

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,106,154	6,017,649		4,292,582	4,632,084
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)	6,106,154	6,017,649	0	4,292,582	4,632,084
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,106,154	6,017,649	0	4,292,582	4,632,084

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

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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	192,309				192,309
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	265	XXX		XXX	265
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	192,582	0	0	0	192,582
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,688				2,688
6.2	Applied to pay renewal premiums	268				268
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)	2,956	0	0	0	2,956
	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)	2,956	0	0	0	2,956
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	219,772				219,772
10.	Matured endowments					0
11.	Annuity benefits	45,307				45,307
12.	Surrender values and withdrawals for life contracts	436,754				436,754
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	701,833	0	0	0	701,833
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	105,000							3	105,000
17.	Incurred during current year	4	211,321							4	211,321
	Settled during current year:										
18.1	By payment in full	5	216,321							5	216,321
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	216,321	0	0	0	0	0	0	5	216,321
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	216,321	0	0	0	0	0	0	5	216,321
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	100,000	0	0	0	0	0	0	2	100,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	261	32,769,770		(a)					261	32,769,770
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(24)	(2,567,500)							(24)	(2,567,500)
23.	In force December 31 of current year	237	30,202,270	0	(a) 0	0	0	0	0	237	30,202,270

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	131	131			(7,317)
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)	131	131	0	0	(7,317)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	131	131	0	0	(7,317)

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	143,279		-		143,279
2.	Annuity considerations	81,014				81,014
3.	Deposit-type contract funds	128	XXX		XXX	128
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	224,421	0	0	0	224,421
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,465				1,465
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	20				20
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,485	0	0	0	1,485
	Annuities:					
7.1	Paid in cash or left on deposit	-				0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,485	0	0	0	1,485
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	24,685		-		24,685
10.	Matured endowments	5,000				5,000
11.	Annuity benefits	385,615				385,615
12.	Surrender values and withdrawals for life contracts	522,444				522,444
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	937,744	0	0	0	937,744
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	3,094							5	3,094
17.	Incurred during current year	11	52,491							11	52,491
	Settled during current year:										
18.1	By payment in full	9	27,999							9	27,999
18.2	By payment on compromised claims									0	0
18.3	Totals paid	9	27,999	0	0	0	0	0	0	9	27,999
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	9	27,999	0	0	0	0	0	0	9	27,999
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	27,586	0	0	0	0	0	0	7	27,586
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	268	3,221,515		(a)					268	3,221,515
21.	Issued during year	113	1,144,000							113	1,144,000
22.	Other changes to in force (Net)	(32)	(381,319)							(32)	(381,319)
23.	In force December 31 of current year	349	3,984,196	0	(a) 0	0	0	0	0	349	3,984,196

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,170	2,217		1	(84)
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)	3,630,686	3,631,577		2,166,865	2,240,374
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)	3,630,686	3,631,577	0	2,166,865	2,240,374
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,632,856	3,633,794	0	2,166,866	2,240,290

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

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	8,231		-		8,231
2.	Annuity considerations	-				0
3.	Deposit-type contract funds	387	XXX		XXX	387
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	8,618	0	0	0	8,618
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	640				640
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	41				41
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	681	0	0	0	681
	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)	681	0	0	0	681
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	22,593		-		22,593
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	51,339				51,339
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	73,932	0	0	0	73,932
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	19,000							1	19,000
	Settled during current year:										
18.1	By payment in full	1	19,000							1	19,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	19,000	0	0	0	0	0	0	1	19,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	19,000	0	0	0	0	0	0	1	19,000
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	19	878,200		(a)					19	878,200
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(119,000)							(2)	(119,000)
23.	In force December 31 of current year	17	759,200	0	(a) 0	0	0	0	0	17	759,200

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,485	2,479		1,101	(3,101)
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)	2,485	2,479	0	1,101	(3,101)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,485	2,479	0	1,101	(3,101)

(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 RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,161		-		22,161
2.	Annuity considerations	38				38
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	22,199	0	0	0	22,199
	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	53,946		-		53,946
10.	Matured endowments	941				941
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	50,139				50,139
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	105,026	0	0	0	105,026
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	15,290							5	15,290
17.	Incurred during current year	9	37,087							9	37,087
	Settled during current year:										
18.1	By payment in full	14	52,377							14	52,377
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	52,377	0	0	0	0	0	0	14	52,377
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	52,377	0	0	0	0	0	0	14	52,377
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	224	3,855,305		(a)					224	3,855,305
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(15)	(147,073)							(15)	(147,073)
23.	In force December 31 of current year	209	3,708,232	0	(a) 0	0	0	0	0	209	3,708,232

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	37,157	37,067		7,769	9,131
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)	37,157	37,067	0	7,769	9,131
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,157	37,067	0	7,769	9,131

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	313,864		74		313,938
2.	Annuity considerations	1,805				1,805
3.	Deposit-type contract funds	1,931	XXX		XXX	1,931
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	317,600	0	74	0	317,674
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	13,666				13,666
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	843				843
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	14,509	0	0	0	14,509
	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)	14,509	0	0	0	14,509
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	383,135		-		383,135
10.	Matured endowments	2,719				2,719
11.	Annuity benefits	29,367				29,367
12.	Surrender values and withdrawals for life contracts	157,914				157,914
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	573,135	0	0	0	573,135
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	16	60,942							16	60,942
17.	Incurred during current year	51	380,211							51	380,211
	Settled during current year:										
18.1	By payment in full	53	372,161							53	372,161
18.2	By payment on compromised claims									0	0
18.3	Totals paid	53	372,161	0	0	0	0	0	0	53	372,161
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	53	372,161	0	0	0	0	0	0	53	372,161
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	68,992	0	0	0	0	0	0	14	68,992
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,586	24,380,493		(a)					1,586	24,380,493
21.	Issued during year	98	964,000							98	964,000
22.	Other changes to in force (Net)	(123)	(2,461,462)							(123)	(2,461,462)
23.	In force December 31 of current year	1,561	22,883,031	0	(a) 0	0	0	0	0	1,561	22,883,031

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,707	2,725		602	677
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	5,510	5,631		6,297	4,100
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,528,083	6,543,180		4,682,575	4,671,552
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)	6,528,083	6,543,180	0	4,682,575	4,671,552
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,536,300	6,551,536	0	4,689,474	4,676,329

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,680		-		16,680
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,680	0	0	0	16,680
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	20				20
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	83				83
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	103	0	0	0	103
	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)	103	0	0	0	103
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	59,438		-		59,438
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	2,705				2,705
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	62,143	0	0	0	62,143
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	59,259							2	59,259
	Settled during current year:										
18.1	By payment in full	2	59,259							2	59,259
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	59,259	0	0	0	0	0	0	2	59,259
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	59,259	0	0	0	0	0	0	2	59,259
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	47	512,885		(a)					47	512,885
21.	Issued during year	4	43,000							4	43,000
22.	Other changes to in force (Net)	(5)	(77,948)							(5)	(77,948)
23.	In force December 31 of current year	46	477,937	0	(a) 0	0	0	0	0	46	477,937

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,391	3,434		400	501
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)	977,707	973,773		677,631	686,369
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)	977,707	973,773	0	677,631	686,369
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	981,098	977,207	0	678,031	686,870

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	427,963		10,426		438,389
2.	Annuity considerations	1,152				1,152
3.	Deposit-type contract funds	468	XXX		XXX	468
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	429,583	0	10,426	0	440,009
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,885				4,885
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	83				83
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	4,968	0	0	0	4,968
	Annuities:					
7.1	Paid in cash or left on deposit	108				108
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	108	0	0	0	108
8.	Grand Totals (Lines 6.5 + 7.4)	5,076	0	0	0	5,076
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	887,785		33,954		921,739
10.	Matured endowments	9,831				9,831
11.	Annuity benefits	242,690				242,690
12.	Surrender values and withdrawals for life contracts	243,002				243,002
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	1,383,308	0	33,954	0	1,417,262
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	94	295,625							94	295,625
17.	Incurred during current year	163	846,284							163	846,284
	Settled during current year:										
18.1	By payment in full	189	841,900							189	841,900
18.2	By payment on compromised claims									0	0
18.3	Totals paid	189	841,900	0	0	0	0	0	0	189	841,900
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	189	841,900	0	0	0	0	0	0	189	841,900
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	68	300,009	0	0	0	0	0	0	68	300,009
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,100	26,119,247		(a)	70	708,052			2,170	26,827,299
21.	Issued during year	139	1,507,500							139	1,507,500
22.	Other changes to in force (Net)	(182)	(3,599,610)			(20)	(95,744)			(202)	(3,695,354)
23.	In force December 31 of current year	2,057	24,027,137	0	(a) 0	50	612,308	0	0	2,107	24,639,445

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	12,644	12,733		805	(818)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	138	138		(3)	6
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	10,131,275	10,090,584		6,805,080	6,973,787
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)	10,131,275	10,090,584	0	6,805,080	6,973,787
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,144,057	10,103,455	0	6,805,882	6,972,975

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	568,637		677		569,314
2.	Annuity considerations	344				344
3.	Deposit-type contract funds	4,219	XXX		XXX	4,219
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	573,200	0	677	0	573,877
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	10,129				10,129
6.2	Applied to pay renewal premiums	146				146
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	446				446
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	10,721	0	0	0	10,721
	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)	10,721	0	0	0	10,721
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	391,540		-		391,540
10.	Matured endowments	14				14
11.	Annuity benefits	258,724				258,724
12.	Surrender values and withdrawals for life contracts	1,085,001				1,085,001
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	1,735,279	0	0	0	1,735,279
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	14	78,272							14	78,272
17.	Incurred during current year	47	464,926							47	464,926
	Settled during current year:										
18.1	By payment in full	47	386,150							47	386,150
18.2	By payment on compromised claims									0	0
18.3	Totals paid	47	386,150	0	0	0	0	0	0	47	386,150
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	47	386,150	0	0	0	0	0	0	47	386,150
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	157,048	0	0	0	0	0	0	14	157,048
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	867	10,870,150		(a)					867	10,870,150
21.	Issued during year	443	4,146,000							443	4,146,000
22.	Other changes to in force (Net)	(120)	(1,371,501)							(120)	(1,371,501)
23.	In force December 31 of current year	1,190	13,644,649	0	(a) 0	0	0	0	0	1,190	13,644,649

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,728,600	4,734,033		1,878,679	1,966,632
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	78	99		2,197	2,193
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	25,917,550	25,941,927		14,537,570	15,224,788
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)	25,917,550	25,941,927	0	14,537,570	15,224,788
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,646,228	30,676,059	0	16,418,446	17,193,613

(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.

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	21,439		-		21,439
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	1,174	XXX		XXX	1,174
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	22,628	0	0	0	22,628
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	679				679
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)	679	0	0	0	679
	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)	679	0	0	0	679
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	107,688				107,688
12.	Surrender values and withdrawals for life contracts	69,147				69,147
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	176,835	0	0	0	176,835
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	22	985,799		(a)					22	985,799
21.	Issued during year	8	49,000							8	49,000
22.	Other changes to in force (Net)	(5)	(543,642)							(5)	(543,642)
23.	In force December 31 of current year	25	491,157	0	(a) 0	0	0	0	0	25	491,157

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	853,605	857,185		489,204	469,409
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)	853,605	857,185	0	489,204	469,409
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	853,605	857,185	0	489,204	469,409

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	173,458		103		173,561
2.	Annuity considerations	485				485
3.	Deposit-type contract funds	929	XXX		XXX	929
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	174,872	0	103	0	174,975
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	23,128				23,128
6.2	Applied to pay renewal premiums	46				46
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,072				1,072
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,246	0	0	0	24,246
	Annuities:					
7.1	Paid in cash or left on deposit	99				99
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	99	0	0	0	99
8.	Grand Totals (Lines 6.5 + 7.4)	24,345	0	0	0	24,345
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	269,449		-		269,449
10.	Matured endowments	5,535				5,535
11.	Annuity benefits	146,484				146,484
12.	Surrender values and withdrawals for life contracts	290,301				290,301
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	711,769	0	0	0	711,769
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	32	124,501							32	124,501
17.	Incurred during current year	32	117,676							32	117,676
	Settled during current year:										
18.1	By payment in full	46	219,317							46	219,317
18.2	By payment on compromised claims									0	0
18.3	Totals paid	46	219,317	0	0	0	0	0	0	46	219,317
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	46	219,317	0	0	0	0	0	0	46	219,317
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	18	22,860	0	0	0	0	0	0	18	22,860
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,136	14,614,790		(a)	1	3,000			1,137	14,617,790
21.	Issued during year	44	459,000							44	459,000
22.	Other changes to in force (Net)	(37)	(640,575)							(37)	(640,575)
23.	In force December 31 of current year	1,143	14,433,215	0	(a) 0	1	3,000	0	0	1,144	14,436,215

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,822	1,845			95
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	180	180		(4)	8
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,110,399	1,107,966		822,004	840,754
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)	1,110,399	1,107,966	0	822,004	840,754
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,112,401	1,109,991	0	822,000	840,857

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,394		-		7,394
2.	Annuity considerations	725				725
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	8,119	0	0	0	8,119
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	29				29
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	73				73
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	102	0	0	0	102
	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)	102	0	0	0	102
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	36,904		-		36,904
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	36,904	0	0	0	36,904
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	6,000							1	6,000
17.	Incurred during current year	2	31,416							2	31,416
	Settled during current year:										
18.1	By payment in full	2	36,000							2	36,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	36,000	0	0	0	0	0	0	2	36,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	36,000	0	0	0	0	0	0	2	36,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,416	0	0	0	0	0	0	1	1,416
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	51	469,849		(a)					51	469,849
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(37,528)							(3)	(37,528)
23.	In force December 31 of current year	48	432,321	0	(a) 0	0	0	0	0	48	432,321

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	86	104		(2)	4
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	645	645			38
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)	645	645	0	0	38
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	731	749	0	(2)	42

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	107,793		366		108,159
2.	Annuity considerations	449				449
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	108,242	0	366	0	108,608
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	246				246
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)	246	0	0	0	246
	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)	246	0	0	0	246
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	40,164		-		40,164
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	65,139				65,139
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	105,303	0	0	0	105,303
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	1,925							1	1,925
17.	Incurred during current year	5	43,546							5	43,546
	Settled during current year:										
18.1	By payment in full	5	39,757							5	39,757
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	39,757	0	0	0	0	0	0	5	39,757
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	39,757	0	0	0	0	0	0	5	39,757
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,714	0	0	0	0	0	0	1	5,714
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	400	11,658,918		(a)	2	64,752			402	11,723,670
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(12)	(390,995)				(14,580)			(12)	(405,575)
23.	In force December 31 of current year	388	11,267,923	0	(a) 0	2	50,172	0	0	390	11,318,095

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,044,570	1,035,662		704,688	761,809
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)	1,044,570	1,035,662	0	704,688	761,809
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,044,570	1,035,662	0	704,688	761,809

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	61,809		-		61,809
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	55	XXX		XXX	55
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	61,872	0	0	0	61,872
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,111				2,111
6.2	Applied to pay renewal premiums	89				89
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	37				37
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,237	0	0	0	2,237
	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)	2,237	0	0	0	2,237
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	582,047				582,047
12.	Surrender values and withdrawals for life contracts	1,416,827				1,416,827
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	1,998,874	0	0	0	1,998,874
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	5,000							1	5,000
	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	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	73	1,186,655		(a)					73	1,186,655
21.	Issued during year	106	909,000							106	909,000
22.	Other changes to in force (Net)	(26)	(556,750)							(26)	(556,750)
23.	In force December 31 of current year	153	1,538,905	0	(a) 0	0	0	0	0	153	1,538,905

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	259	259			(9,678)
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)	8,794,342	8,663,504		5,841,081	6,828,375
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)	8,794,342	8,663,504	0	5,841,081	6,828,375
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,794,601	8,663,763	0	5,841,081	6,818,697

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,162		-		16,162
2.	Annuity considerations	30				30
3.	Deposit-type contract funds	13	XXX		XXX	13
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,205	0	0	0	16,205
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	425				425
6.2	Applied to pay renewal premiums	-				0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	117				117
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	542	0	0	0	542
	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)	542	0	0	0	542
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	24,545		-		24,545
10.	Matured endowments	-				0
11.	Annuity benefits	175,547				175,547
12.	Surrender values and withdrawals for life contracts	108,366				108,366
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	308,458	0	0	0	308,458
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	7,808							1	7,808
17.	Incurred during current year	3	24,434							3	24,434
	Settled during current year:										
18.1	By payment in full	3	24,434							3	24,434
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	24,434	0	0	0	0	0	0	3	24,434
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	24,434	0	0	0	0	0	0	3	24,434
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,808	0	0	0	0	0	0	1	7,808
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	43	1,310,855		(a)					43	1,310,855
21.	Issued during year	6	80,000							6	80,000
22.	Other changes to in force (Net)	(4)	(33,639)							(4)	(33,639)
23.	In force December 31 of current year	45	1,357,216	0	(a) 0	0	0	0	0	45	1,357,216

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	839,581	846,632		345,996	369,532
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)	839,581	846,632	0	345,996	369,532
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	839,581	846,632	0	345,996	369,532

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	127,487		282		127,769
2.	Annuity considerations	762				762
3.	Deposit-type contract funds	98	XXX		XXX	98
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	128,347	0	282	0	128,629
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,721				2,721
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)	2,721	0	0	0	2,721
	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)	2,721	0	0	0	2,721
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	222,963		-		222,963
10.	Matured endowments	(76)				(76)
11.	Annuity benefits	29,434				29,434
12.	Surrender values and withdrawals for life contracts	116,844				116,844
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	369,165	0	0	0	369,165
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	15	67,328							15	67,328
17.	Incurred during current year	37	209,830							37	209,830
	Settled during current year:										
18.1	By payment in full	41	219,936							41	219,936
18.2	By payment on compromised claims									0	0
18.3	Totals paid	41	219,936	0	0	0	0	0	0	41	219,936
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	41	219,936	0	0	0	0	0	0	41	219,936
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	11	57,222	0	0	0	0	0	0	11	57,222
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	911	11,263,304		(a)	4	10,500			915	11,273,804
21.	Issued during year	26	206,500							26	206,500
22.	Other changes to in force (Net)	(51)	(590,445)							(51)	(590,445)
23.	In force December 31 of current year	886	10,879,359	0	(a) 0	4	10,500	0	0	890	10,889,859

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,654	5,592		276	334
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)	1,132,223	1,136,185		665,830	695,810
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,132,223	1,136,185	0	665,830	695,810
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,137,877	1,141,777	0	666,106	696,144

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,365		-		3,365
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	1,121	XXX		XXX	1,121
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	4,501	0	0	0	4,501
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	188				188
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)	188	0	0	0	188
	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)	188	0	0	0	188
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	-		-		0
10.	Matured endowments	-				0
11.	Annuity benefits	-				0
12.	Surrender values and withdrawals for life contracts	5,377				5,377
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	5,377	0	0	0	5,377
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6	77,142		(a)					6	77,142
21.	Issued during year	4	23,000							4	23,000
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	10	100,142	0	(a) 0	0	0	0	0	10	100,142

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,163	1,163			(3,466)
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)	398,489	397,438		226,564	233,265
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)	398,489	397,438	0	226,564	233,265
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	399,652	398,601	0	226,564	229,799

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	2,895,737
2. Current year's realized pre-tax capital gains/(losses) of $.....336,006 transferred into the reserve net of taxes of $.....117,599	218,404
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)	3,114,141
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,268,599
6. Reserve as of December 31, current year (Line 4 minus Line 5)	1,845,542

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	1,255,911	12,688		1,268,599
2. 2018	896,638	28,795		925,433
3. 2019	610,450	28,017		638,467
4. 2020	366,669	27,418		394,087
5. 2021	181,400	26,976		208,376
6. 2022	(1,367)	26,673		25,306
7. 2023	(89,155)	23,733		(65,422)
8. 2024	(77,652)	18,987		(58,665)
9. 2025	(62,169)	13,844		(48,325)
10. 2026	(50,410)	8,505		(41,905)
11. 2027	(38,913)	2,768		(36,145)
12. 2028	(32,061)			(32,061)
13. 2029	(30,769)			(30,769)
14. 2030	(27,650)			(27,650)
15. 2031	(20,310)			(20,310)
16. 2032	(11,023)			(11,023)
17. 2033	(1,899)			(1,899)
18. 2034	4,232			4,232
19. 2035	6,575			6,575
20. 2036	7,074			7,074
21. 2037	4,958			4,958
22. 2038	2,717			2,717
23. 2039	1,695			1,695
24. 2040	763			763
25. 2041	74			74
26. 2042	(42)			(42)
27. 2043				0
28. 2044				0
29. 2045				0
30. 2046				0
31. 2047 and Later				0
32. Total (Lines 1 to 31)	2,895,736	218,404	0	3,114,140

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	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)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	1,384,403		1,384,403	0		0	1,384,403
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	315,593		315,593			0	315,593
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,699,996	0	1,699,996	0	0	0	1,699,996
9. Maximum reserve	1,542,662		1,542,662			0	1,542,662
10. Reserve objective	1,023,616		1,023,616			0	1,023,616
11. 20% of (Line 10 minus Line 8)	(135,276)	0	(135,276)	(0)	0	(0)	(135,276)
12. Balance before transfers (Lines 8 + 11)	1,564,720	0	1,564,720	0	0	0	1,564,720
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(22,058)		(22,058)			0	(22,058)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,542,662	0	1,542,662	0	0	0	1,542,662

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default 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 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	4,143,514	XXX	XXX	4,143,514	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	71,192,393	XXX	XXX	71,192,393	0.0004	28,477	0.0023	163,743	0.0030	213,577
3	2	High quality	136,049,605	XXX	XXX	136,049,605	0.0019	258,494	0.0058	789,088	0.0090	1,224,446
4	3	Medium quality	3,077,627	XXX	XXX	3,077,627	0.0093	28,622	0.0230	70,785	0.0340	104,639
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8)	214,463,139	XXX	XXX	214,463,139	XXX	315,593	XXX	1,023,616	XXX	1,542,663
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	18,708,789	XXX	XXX	18,708,789	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24)	18,708,789	XXX	XXX	18,708,789	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	233,171,928	XXX	XXX	233,171,928	XXX	315,593	XXX	1,023,616	XXX	1,542,663

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default 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)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
36		Farm mortgages - CM2 - high quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
37		Farm mortgages - CM3 - medium quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
38		Farm mortgages - CM4 - low medium quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
39		Farm mortgages - CM5 - low quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
40		Residential mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other			XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other - CM1 - highest quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
44		Commercial mortgages-all other - CM2 - high quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
45		Commercial mortgages-all other - CM3 - medium quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
46		Commercial mortgages-all other - CM4 - low medium quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
47		Commercial mortgages-all other - CM5 - low quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, not in process:										
48		Farm mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
49		Residential mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Residential mortgages-all other			XXX	0	0.0025	0	0.0058	0	0.0090	0
51		Commercial mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
52		Commercial mortgages-all other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
53		Farm mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
54		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Residential mortgages-all other			XXX	0	0.0000	0	0.0130	0	0.0130	0
56		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
57		Commercial mortgages-all other			XXX	0	0.0000	0	0.1700	0	0.1700	0
58		Total Schedule B mortgages (sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59		Schedule DA mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
60		Total mortgage loans on real estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

NONE

ASSET VALUATION RESERVE

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)
		COMMON STOCK										
1		Unaffiliated public		XXX	XXX	0	0.0000	0	(a)	0	(a)	0
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR	59,672,120	XXX	XXX	59,672,120	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(a)	0	(a)	0
13		Unaffiliated common stock private				0	0.0000	0	0.1600	0	0.1600	0
14		Real estate				0	(b)	0	(b)	0	(b)	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16)	59,672,120	0	0	59,672,120	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
18		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	309,439,361	XXX	2,605,891	XXX		XXX	488,756	XXX	758,818	XXX	305,267,465	XXX	300,455	XXX		XXX	17,976	XXX
2.	Premiums earned	309,990,808	XXX	2,621,773	XXX		XXX	491,490	XXX	773,880	XXX	305,777,077	XXX	308,289	XXX		XXX	18,299	XXX
3.	Incurred claims	209,680,906	67.6	1,610,970	61.4	0	0.0	331,130	67.4	1,156,777	149.5	206,476,748	67.5	92,476	30.0	0	0.0	12,805	70.0
4.	Cost containment expenses	605,348	0.2	4,239	0.2		0.0	1,475	0.3	2,609	0.3	594,277	0.2	2,557	0.8		0.0	191	1.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	210,286,254	67.8	1,615,209	61.6	0	0.0	332,605	67.7	1,159,386	149.8	207,071,025	67.7	95,033	30.8	0	0.0	12,996	71.0
6	Increase in contract reserves	8,651,277	2.8	598,276	22.8	0	0.0	(32,969)	(6.7)	(403,011)	(52.1)	8,497,105	2.8	(1,633)	(0.5)	0	0.0	(6,491)	(35.5)
7	Commissions (a)	41,323,593	13.3	214,180	8.2		0.0	(19,961)	(4.1)	45,825	5.9	41,080,683	13.4	1,158	0.4		0.0	1,708	9.3
8	Other general insurance expenses	36,349,819	11.7	250,322	9.5		0.0	88,566	18.0	156,645	20.2	35,689,263	11.7	153,536	49.8		0.0	11,487	62.8
9	Taxes, licenses and fees	8,222,518	2.7	203,036	7.7		0.0	12,941	2.6	16,973	2.2	7,982,207	2.6	6,587	2.1		0.0	774	4.2
10	Total other expenses incurred	85,895,930	27.7	667,538	25.5	0	0.0	81,546	16.6	219,443	28.4	84,752,153	27.7	161,281	52.3	0	0.0	13,969	76.3
11.	Aggregate write-ins for deductions	416,546	0.1	9,430	0.4	0	0.0	1,124	0.2	1,819	0.2	402,331	0.1	1,709	0.6	0	0.0	133	0.7
12.	Gain from underwriting before dividends or refunds	4,740,801	1.5	(268,680)	(10.2)	0	0.0	109,184	22.2	(203,757)	(26.3)	5,054,463	1.7	51,899	16.8	0	0.0	(2,308)	(12.6)
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	4,740,801	1.5	(268,680)	(10.2)	0	0.0	109,184	22.2	(203,757)	(26.3)	5,054,463	1.7	51,899	16.8	0	0.0	(2,308)	(12.6)
DETAILS OF WRITE-INS																			
1101.	Increase in Loading	9,946	0.0	(1,038)	(0.0)		0.0	124	0.0		0.0	10,923	0.0	(63)	(0.0)		0.0		0.0
1102.	Penalties	427,389	0.1	10,544	0.4		0.0	1,023	0.2	1,809	0.2	412,107	0.1	1,773	0.6		0.0	133	0.7
1103.	Express Script Rebates	(20,806)	(0.0)	(76)	(0.0)		0.0	(23)	(0.0)		0.0	(20,706)	(0.0)	(1)	(0.0)		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	17	0.0	0	0.0	0	0.0	0	0.0	10	0.0	7	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	416,546	0.1	9,430	0.4	0	0.0	1,124	0.2	1,819	0.2	402,331	0.1	1,709	0.6	0	0.0	133	0.7

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	12,441,335	84,478		25,239	88,482	12,167,616	69,356		6,164
2. Advance premiums	3,383,340	20,392		7,310	4,929	3,347,173	3,042		494
3. Reserve for rate credits	0								
4. Total premium reserves, current year	15,824,675	104,870	0	32,549	93,411	15,514,789	72,398	0	6,658
5. Total premium reserves, prior year	16,124,238	132,487		35,079	108,029	15,761,367	80,435		6,841
6. Increase in total premium reserves	(299,563)	(27,617)	0	(2,530)	(14,618)	(246,578)	(8,037)	0	(183)
B. Contract Reserves:									
1. Additional reserves (a)	109,664,233	6,455,700		192,342	1,616,020	101,364,671	6,138		29,362
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	109,664,233	6,455,700	0	192,342	1,616,020	101,364,671	6,138	0	29,362
4. Total contract reserves, prior year	101,012,956	5,857,424		225,311	2,019,031	92,867,566	7,771		35,853
5. Increase in contract reserves	8,651,277	598,276	0	(32,969)	(403,011)	8,497,105	(1,633)	0	(6,491)
C. Claim Reserves and Liabilities:									
1. Total current year	49,463,908	636,904	0	55,814	7,060,321	41,425,931	55,770	0	229,168
2. Total prior year	44,943,851	674,250		93,880	7,746,308	36,084,654	58,224		286,535
3. Increase	4,520,057	(37,346)	0	(38,066)	(685,987)	5,341,277	(2,454)	0	(57,367)

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	31,484,339	426,349		40,310	1,715,244	29,213,410	21,234		67,792
1.2 On claims incurred during current year	173,676,510	1,221,967		328,886	127,520	171,922,061	73,696		2,380
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	14,019,962	99,894		862	6,352,872	7,335,966	8,974		221,394
2.2 On claims incurred during current year	35,443,946	537,010		54,952	707,449	34,089,965	46,796		7,774
3. Test:									
3.1 Lines 1.1 and 2.1	45,504,301	526,243	0	41,172	8,068,116	36,549,376	30,208	0	289,186
3.2 Claim reserves and liabilities, December 31, prior year	44,943,851	674,250		93,880	7,746,308	36,084,654	58,224		286,535
3.3 Line 3.1 minus Line 3.2	560,450	(148,007)	0	(52,708)	321,808	464,722	(28,016)	0	2,651

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	100,615,052	2,540,638		467,606	758,818	96,512,954	300,455		34,581
2. Premiums earned	101,636,306	2,556,046		470,006	773,880	97,493,182	308,288		34,904
3. Incurred claims	65,588,786	1,653,766		343,457	1,156,739	62,329,324	92,694		12,806
4. Commissions	7,000,681	212,471		(21,885)	45,825	6,761,404	1,158		1,708
B. Reinsurance Ceded:									
1. Premiums written	16,640,988	6,554,044				10,086,944			
2. Premiums earned	16,644,738	6,550,585				10,094,153			
3. Incurred claims	8,594,575	2,558,165		(355)		6,036,765			
4. Commissions	3,875,134	2,097,507				1,777,627			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	7		152,686,681	152,686,688
2.	Beginning claim reserves and liabilities	31		19,853,352	19,853,383
3.	Ending claim reserves and liabilities	38		27,249,033	27,249,071
4.	Claims paid	0	0	145,291,000	145,291,000
B.	Assumed Reinsurance:				
5.	Incurred claims	113,107	181,770	65,293,912	65,588,789
6.	Beginning claim reserves and liabilities	76,652	20,522	25,563,851	25,661,025
7.	Ending claim reserves and liabilities	71,706	17,709	23,581,402	23,670,817
8.	Claims paid	118,053	184,583	67,276,361	67,578,997
C.	Ceded Reinsurance:				
9.	Incurred claims			8,594,570	8,594,570
10.	Beginning claim reserves and liabilities			3,572,225	3,572,225
11.	Ending claim reserves and liabilities			4,116,630	4,116,630
12.	Claims paid	0	0	8,050,165	8,050,165
D.	Net:				
13.	Incurred claims	113,114	181,770	209,386,023	209,680,907
14.	Beginning claim reserves and liabilities	76,683	20,522	41,844,978	41,942,183
15.	Ending claim reserves and liabilities	71,744	17,709	46,713,805	46,803,258
16.	Claims paid	118,053	184,583	204,517,196	204,819,832
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	113,114	181,770	209,991,370	210,286,254
18.	Beginning reserves and liabilities	76,683	20,522	41,891,447	41,988,652
19.	Ending reserves and liabilities	71,744	17,709	46,832,814	46,922,267
20.	Paid claims and cost containment expenses	118,053	184,583	205,050,003	205,352,639

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	2,035,480	789,613	20,668			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					2,035,480	789,613	20,668	0	0	0
1099999.	Total - General Account - Non-Affiliates					2,035,480	789,613	20,668	0	0	0
1199999.	Total - General Account					2,035,480	789,613	20,668	0	0	0
2399999.	Total U.S.					2,035,480	789,613	20,668	0	0	0
9999999.	Total					2,035,480	789,613	20,668	0	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
66044	46-0164570	01/01/1994	Midland National Life	IA	CO/I	8,197	510	17,414	730		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	CO/I	4,318,788	168,769	930,574	336,723		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	CO/I	96,288,023	6,952,641	103,547,104	14,602,054		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					100,615,008	7,121,920	104,495,092	14,939,507	0	0
1099999.	Total - Non-Affiliates					100,615,008	7,121,920	104,495,092	14,939,507	0	0
1199999.	Total - U.S.					100,615,008	7,121,920	104,495,092	14,939,507	0	0
9999999.	Total					100,615,008	7,121,920	104,495,092	14,939,507	0	0

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						
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	22,500	10,000
91472	63-0782739	05/17/1972	Globe Life & Accident Company	NE	7,500	17,500
86258	13-2572994	05/01/1984	General Re Lilfe Corp	CT	200,000	
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	46,463	10,000
63312	13-1935920	01/01/2007	Great American Life Insurance	OH		183,722
63312	13-1935920	08/31/2012	Great American Life Insurance	OH		5,023,911
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				276,463	5,245,133
1099999.	Total - Life and Annuity Non-Affiliates				276,463	5,245,133
1199999.	Total - Life and Annuity				276,463	5,245,133
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	2,660,388	22,278
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		3,504,267
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				2,660,388	3,526,545
2199999.	Total - Accident and Health Non-Affiliates				2,660,388	3,526,545
2299999.	Total - Accident and Health				2,660,388	3,526,545
2399999.	Total U.S.				2,936,851	8,771,678
9999999.	Total				2,936,851	8,771,678

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	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
86231	39-0989781	04/24/1975	Transamerica LIfe Insurance Company	IA	YRT/I	OL	1,885,704	69,857	22,236	99,364				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	115,207	39	37	908				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	64,500	520	474	1,225				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	233,334	245	225	5,419				
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	360,000	8,685	7,977	13,698				
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	4,823	323	1,369	727				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL	11,362	4,257	3,388	780				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	42,395	171	160	65				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	22,486	7	7	182				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	64,500	520	474	1,225				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	132	121	2,719				
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	607,118	25,492	23,276	32,298				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	102,397	40	37	1,548				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	296,950	413	362	8,302				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	1,166,635	68,828	59,050	205,113				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	245	225	802				
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	2,420,384	1,537,341	1,637,570	47,966				
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	2,778,570	1,834,137	1,786,563	309,437				
82627	06-0839705	04/01/1984	Swiss Re Life & Health America Inc	MO	CO/I	OL	300,000	103,166	96,125	17,611				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	420,635	13,822	14,250	18,137				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	ADB/I	OL				10,857				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000			56,998				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,100,000	25,046	27,699	16,360				
88099	75-1608507	12/31/1966	Optimum Re Insurance Company	TX	YRT/I	OL	1,392,769	5,046	4,547	11,227				
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	514,945	2,717	2,483	4,095				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	OL	10,000	359	333	975				
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	OL	178,144	447	367	9,756				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	DE	YRT/I	OL	110,015	2,777	15,455	3,134				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	4,655,080	3,183	3,031	74,862				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	ADB/I	OL				291				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	2,420,856	1,264	1,277	34,921				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	507,532	365	390	8,962				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	217,312	537	515	1,074				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	92,721	32	30	726				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,334	245	225	817				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	49,863		143	264				
64688	75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	2,865,138	1,921	1,814	44,671				

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	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
64688	75-6020048	11/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	249,044	337	307	7,620				
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	37,348	168	162	216				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	CO/I	OL	25,000	892	1,332	720				
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL	208,831	403	384	2,222				
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX	CO/I	XXX	15,670,308	414,368	432,177	27,681				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXX	20,893,745	552,491	576,236	36,908				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXX	5,223,437	138,123	288,118	18,454				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXX	10,446,872	276,245	144,059	9,227				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	339,982,373	117,654,497	129,588,881	3,706,208				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	ACO/I	IA		120,558,549	120,152,273	414,383				
63312	13-1935920	01/01/2007	Great American Life Insurance Company	OH	ACO/I	IA		27,644,161	31,731,603	161,968				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						418,023,000	270,952,413	286,627,767	5,433,123	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						418,023,000	270,952,413	286,627,767	5,433,123	0	0	0	0
1199999	Total - General Account - Authorized						418,023,000	270,952,413	286,627,767	5,433,123	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified						418,023,000	270,952,413	286,627,767	5,433,123	0	0	0	0
6999999	Total U.S.						418,023,000	270,952,413	286,627,767	5,433,123	0	0	0	0
9999999	Total						418,023,000	270,952,413	286,627,767	5,433,123	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
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	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	A	1,921,769	43,905	566,342				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	LTDI	156,809	4,435	63,338				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	OH	12,736,932	150,912	12,274,061				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	CO/I	SD	1,724,969	11,042	85,115				
71404	47-0463747	.01/01/2009	Continental General Insurance Company	TX	CO/I	LTC	97,961	24,341	1,583,409				
62308	06-0303370	.01/01/1984	Connecticut General Life Insurance Co	CT	CO/I	A	480						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						16,638,920	234,635	14,572,265	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190987	.07/01/2014	Cigna Global Reinsurance Company	BMU	CAT/G	A	16,605						
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						16,605	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						16,655,525	234,635	14,572,265	0	0	0	0
1199999.	Total - General Account - Authorized						16,655,525	234,635	14,572,265	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						16,655,525	234,635	14,572,265	0	0	0	0
6999999.	Total - U.S.						16,638,920	234,635	14,572,265	0	0	0	0
7099999.	Total - Non-U.S.						16,605	0	0	0	0	0	0
9999999.	Total						16,655,525	234,635	14,572,265	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2017	2 2016	3 2015	4 2014	5 2013
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	22,089	22,800	23,738	23,616	24,128
2.	Commissions and reinsurance expense allowances	4,002	5,101	5,310	5,383	5,696
3.	Contract claims	21,513	19,778	24,697	26,598	29,201
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,490	1,505	1,567	1,815	1,743
9.	Aggregate reserves for life and accident and health contracts	285,759	289,587	305,447	322,978	343,430
10.	Liability for deposit-type contracts	10,139	10,320	10,684	11,373	12,069
11.	Contract claims unpaid	8,495	9,236	9,726	9,290	8,499
12.	Amounts recoverable on reinsurance	2,937	3,012	3,712	5,004	4,615
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	285,051,495		285,051,495
2.	Reinsurance (Line 16)	4,125,633		4,125,633
3.	Premiums and considerations (Line 15)	(2,370,330)	1,489,830	(880,500)
4.	Net credit for ceded reinsurance	XXX	292,764,699	292,764,699
5.	All other admitted assets (balance)	16,867,634		16,867,634
6.	Total assets excluding Separate Accounts (Line 26)	303,674,432	294,254,529	597,928,961
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	303,674,432	294,254,529	597,928,961
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	135,325,602	275,620,730	410,946,332
10.	Liability for deposit-type contracts (Line 3)	1,618	10,138,584	10,140,202
11.	Claim reserves (Line 4)	37,078,208	8,495,215	45,573,423
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	3,385,325		3,385,325
14.	Other contract liabilities (Line 9)	3,515,688		3,515,688
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)	27,761,137		27,761,137
20.	Total liabilities excluding Separate Accounts (Line 26)	207,067,578	294,254,529	501,322,107
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	207,067,578	294,254,529	501,322,107
23.	Capital & surplus (Line 38)	96,606,854	XXX	96,606,854
24.	Total liabilities, capital & surplus (Line 39)	303,674,432	294,254,529	597,928,961

	NET CREDIT FOR CEDED REINSURANCE	
25.	Contract reserves	275,620,730
26.	Claim reserves	8,495,215
27.	Policyholder dividends/reserves	0
28.	Premium & annuity considerations received in advance	0
29.	Liability for deposit-type contracts	10,138,584
30.	Other contract liabilities	0
31.	Reinsurance ceded assets	0
32.	Other ceded reinsurance recoverables	0
33.	Total ceded reinsurance recoverables	294,254,529
34.	Premiums and considerations	1,489,830
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	1,489,830
41.	Total net credit for ceded reinsurance	292,764,699

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL	532,643	133,599	14,988		850	682,080
2.	Alaska AK	992	25				1,017
3.	Arizona AZ	29,285	68	5,522		1,975	36,850
4.	Arkansas AR	201,000	432	4,048		154	205,634
5.	California CA	89,152	910	48,886	1,830	2,391	143,169
6.	Colorado CO	29,444	81	317	9,810	571	40,223
7.	Connecticut CT	14,670	38	12,336			27,044
8.	Delaware DE	17,767	45				17,812
9.	District of Columbia DC	9,564	8				9,572
10.	Florida FL	562,453	80,033	9,034	4,456	2,301	658,277
11.	Georgia GA	339,367	181	2,055	17,096	11,421	370,120
12.	Hawaii HI	8,852	8			1,018	9,878
13.	Idaho ID	3,911	53				3,964
14.	Illinois IL	206,161	437	1,737	1,289		209,624
15.	Indiana IN	260,267	80,123	275		538	341,203
16.	Iowa IA	25,059	-	3,848		278	29,185
17.	Kansas KS	67,298	8	2,374	4,002	518	74,200
18.	Kentucky KY	159,989	119	1,950		230	162,288
19.	Louisiana LA	217,448	253	9,515		317	227,533
20.	Maine ME	66,440	483	193			67,116
21.	Maryland MD	81,841	586	129		2,173	84,729
22.	Massachusetts MA	65,156	342	83		480	66,061
23.	Michigan MI	92,917	1,121	301		102	94,441
24.	Minnesota MN	24,192	162,258			57	186,507
25.	Mississippi MS	248,317	3,521	159		217	252,214
26.	Missouri MO	214,884	376	2,336	10,486	118	228,200
27.	Montana MT	794	15				809
28.	Nebraska NE	27,442	-		1,899	4,638	33,979
29.	Nevada NV	32,191	-	373		4,949	37,513
30.	New Hampshire NH	12,060	24				12,084
31.	New Jersey NJ	111,291	4,185			353	115,829
32.	New Mexico NM	32,809	119			664	33,592
33.	New York NY	14,277	285			355	14,917
34.	North Carolina NC	442,841	18,762	9,571	14,573	13,789	499,536
35.	North Dakota ND	795	-				795
36.	Ohio OH	198,998	793	6,552		71	206,414
37.	Oklahoma OK	100,301	152				100,453
38.	Oregon OR	19,766	60			28	19,854
39.	Pennsylvania PA	143,279	81,014	6,709		128	231,130
40.	Rhode Island RI	22,161	38	145			22,344
41.	South Carolina SC	313,939	1,805	3,736	(371)	1,931	321,040
42.	South Dakota SD	16,680	-				16,680
43.	Tennessee TN	438,389	1,152	2,804	3,327	468	446,140
44.	Texas TX	569,313	344	16,639		4,219	590,515
45.	Utah UT	21,439	15	423		1,174	23,051
46.	Vermont VT	108,159	449				108,608
47.	Virginia VA	173,561	485	438		929	175,413
48.	Washington WA	61,809	8	182	2,040	55	64,094
49.	West Virginia WV	127,769	762			98	128,629
50.	Wisconsin WI	16,162	30		12,974	13	29,179
51.	Wyoming WY	3,365	15	644		1,121	5,145
52.	American Samoa AS	-	-				0
53.	Guam GU	930	-			226	1,156
54.	Puerto Rico PR	8,231	-			387	8,618
55.	US Virgin Islands VI	7,394	725				8,119
56.	Northern Mariana Islands MP	-	-				0
57.	Canada CAN	168	-				168
58.	Aggregate Other Alien OT	192,309	8			265	192,582
59.	Totals	6,787,691	576,353	168,302	83,411	61,570	7,677,327

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0901	Cigna Group		06-1059331	1591167	0000701221	US	Cigna Corporation	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1914061				Former Cigna Investments, Inc	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0585518				Benefit Management Corp	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Community Health Network, LLC	MT	NIA	Benefit Management Corp	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Star Point, LLC	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11254	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95781	63-0925225				HealthSpring of Alabama, Inc.	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	GA	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		62-1540621				HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11522	62-1593150				HealthSpring of Tennessee, Inc.	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-5524622				Tennessee Quest, LLC	TN	NIA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-1648670				Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		94-3107309				Cigna Behavioral Health of California, Inc.	CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-2751090				Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	48119	59-2740468				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennesee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	64548	13-2556568	3281743			Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-3481107				CG Mystic Center LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Station Landing, LLC	DE	IA	CG Mystic Center LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		45-3481241				CG Mystic Land LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3870049				CG Skyline, LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Skyline ND/CG LLC	MA	IA	CG Skyline LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Skyline Mezzanine Borrower LLC	MA	IA	Skyline ND/CG LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Skyline at Station Landing LLC	MA	IA	Skyline Mezzanine Borrower LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-0180898				CareAllies, LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CG Bayport LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		00-0000000				Bayport Colony Apartments LLC	FL	IA	CG Bayport LLC	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000				Gillette Ridge Community Council, Inc.	CT	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3074013				TEL-DRUG of Pennsylvania, L.L.C.	PA	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CR Longwood Investors L.P.	DE	IA	Cigna Affilates Realty Investment Group, LLC.	Ownership	27.030	Charles River Realty Longwood, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000				ND/CR Longwood LLC	DE	IA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				ARE/ND/CR Longwood LLC	DE	IA	ND / CR Longwood LLC	Ownership	35.000	ARE-MA Region No. 41, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000				Secon Properties, LP	CA	IA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Transwestern Federal , L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Market Street Residential Holdings LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Diamondview Tower CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CR Washington Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000				Dulles Town Center Mall, LLC	VA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				ND/CR Unicorn LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Union Wharf Apartments LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				AMD Apartments Limited Partership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CG Seventh Street LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Ideal Properties II LLC	CA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		80-0668090				Alessandro Partners, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	95.200	Cigna Corporation	N	
0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation and Newtown Square	N	
0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	

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0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CGGL 18301 LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				UVL, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.400	Cigna Corporation	N	
0901	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
'0901	Cigna Group		81-2481274				CGGL 6280 LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
'0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		27-0268530				CORAC, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		27-3582688				Henry on the Park Associates, LLC	DE	IA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	UDP	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	DE	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	CT	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	DS	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		22-3129563				QualCare, Inc	NJ	NIA	QualCare Alliance Networks, Inc	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2086778				Health-Lynx, LLC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	77399	13-1867829		0001259055		Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0455414		0001462078		WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
901	Cigna Group		45-2355015		0001611115		Omada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65498	23-1503749		0000059361		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332403				CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741294				Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1522976				Blodget & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		06-1252418				LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0344624				Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-2760646				CareAllies, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-3087621				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CGO PARTICIPATOS LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	N	
0901	Cigna Group		00-0000000				YCFM Servicos LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	N	
0901	Cigna Group		AA-3190987				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Apac Holdings Limited	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				LINA Life Insurance Company of Korea	KOR	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited.	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna HLA Technology Services Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group		00-0000000				Cigna Nederland Alpha Cooperatief U.A	NLD	NIA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Nederland Beta B.V	NLD	NIA	Cigna Nederland Alpha Cooperatief U.A	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Health Solution India Pvt. Ltd	IND	NIA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc	DE	NIA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc	Ownership	99.160	Cigna Corporation	N	
0901	Cigna Group		00-0000000				PT PGU Indonesia	IDN	NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Insurance Company Limited	GBR	IA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CignaTTK Health Insurance Company Limited	IND	NIA	Cigna Holdings Overseas, Inc	Ownership	49.000	TTK (non-affiliate)	N	
0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		AA-5360003				PT. Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	06-1059331	Cigna Corporation	758,200,000	(11,000,000)		170,500	17,912				747,388,412	
	06-1072796	Cigna Holdings, Inc.	873,233,894	(447,027,627)			(2,508,879)				423,697,388	
	51-0402128	Cigna Intellectual Property, Inc.									0	
	06-1095823	Cigna Investment Group, Inc.									0	
	52-0291385	Cigna International Finance, Inc.					(8,500,000)				(8,500,000)	
	23-1914061	Former Cigna Investments, Inc					2,519,265				2,519,265	
	06-0861092	Cigna Investments, Inc.					42,041,975				42,041,975	
	01-0947889	Cigna Benefits Financing, Inc.					1,110,960				1,110,960	
	06-0840391	Connecticut General Corporation		200,000,000			(2,915)				199,997,085	
	81-0585518	Benefit Management Corp.	(5,000,000)								(5,000,000)	
12814	20-4433475	Allegiance Life & Health Insurance Company					(1,712,992)	(1,073,828)			(2,786,820)	38,115
	20-3851464	Allegiance Re, Inc.									0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					527,326				527,326	
	71-0916514	Allegiance COBRA Services, Inc.					669				669	
	00-0000000	Allegiance Provider Direct, LLC									0	
	00-0000000	Community Health Network, LLC									0	
	81-0425785	Intermountain Underwriters, Inc.					32,761				32,761	
	00-0000000	Star Point, LLC					93,737				93,737	
	20-1821898	HealthSpring, Inc.					27,109,627				27,109,627	
	76-0628370	NewQuest, LLC	(34,000,000)				(241,126)				(34,241,126)	
	52-1929677	NewQuest Management Northeast, LLC	(15,400,000)				95,535,426				80,135,426	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(18,323,889)				(18,323,889)	
11254	52-2363406	Bravo Health Pennsylvania, Inc.					(74,427,702)				(74,427,702)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.					(275,015,597)				(275,015,597)	
95781	63-0925225	HealthSpring of Alabama, Inc.					(92,756,787)				(92,756,787)	
11532	65-1129599	HealthSpring of Florida, Inc.					(90,841,343)				(90,841,343)	
	77-0632665	NewQuest Management of Illinois, LLC	(2,000,000)				44,208,806				42,208,806	
	20-4954206	NewQuest Management of Florida, LLC	(12,600,000)				84,636,475				72,036,475	
	20-8647386	HealthSpring Management of America, LLC					380,411,352				380,411,352	
	45-0633893	NewQuest Management of West Virginia, LLC									0	
	75-3108527	TexQuest, LLC									0	
	75-3108521	HouQuest, LLC									0	
	76-0657035	GulfQuest, LP	(42,000,000)				(12,880)				(42,012,880)	
	33-1033586	NewQuest Management of Alabama, LLC	(10,000,000)				138,729,352				128,729,352	
	72-1559530	HealthSpring USA, LLC	(10,900,000)				15,082,278				4,182,278	
	62-1540621	HealthSpring Management, Inc.	(5,400,000)				140,826,113				135,426,113	
11522	62-1593150	HealthSpring of Tennessee, Inc.					(222,472,885)				(222,472,885)	
	20-5524622	Tennessee Quest, LLC	(5,000,000)				(991)				(5,000,991)	
	26-2353476	HealthSpring Pharmacy Services, LLC									0	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC									0	
	20-4266628	Home Physicians Management, LLC									0	

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	35-2562415	Alegis Care Services, LLC									0	
13733	03-0452349	Cigna Arbor Life Insurance Company					(7,926)				(7,926)	
	41-1648670	Cigna Behavioral Health, Inc.	(64,000,000)				(206,261,980)				(270,261,980)	
	94-3107309	Cigna Behavioral Health of California, Inc.					(24,771)				(24,771)	
	75-2751090	Cigna Behavioral Health of Texas, Inc.					(123,855)				(123,855)	
	06-1346406	MCC Independent Practice Association of New York, Inc.									0	
	59-2308055	Cigna Dental Health, Inc.	3,800,000				29,325,680				33,125,680	
	59-2600475	Cigna Dental Health Of California, Inc.	(12,000,000)			(147,500)	(350,736)				(12,498,236)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,400,000)				(963,427)				(3,363,427)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(12,131)				(12,131)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,200,000)				(3,792,249)				(12,992,249)	
	06-1351097	Cigna Dental Health of Illinois, Inc.									0	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(300,000)				(164,485)				(464,485)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,900,000)				(1,118,604)				(5,018,604)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(650,000)				(503,619)				(1,153,619)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,500,000)				(1,504,022)				(3,004,022)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(550,233)				(550,233)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,000,000)				(888,735)				(2,888,735)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(1,650,000)				(603,602)				(2,253,602)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(10,000,000)				(4,265,988)				(14,265,988)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,100,000)				(641,080)				(1,741,080)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(5,000,000)				(88,292)				(5,088,292)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(4,100,000)				(1,178,487)				(5,278,487)	
	62-1312478	Cigna Health Corporation	(43,000,000)				5,583,180				(37,416,820)	
	02-0387748	Healthsource, Inc.	40,000,000	(12,000,000)							28,000,000	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.					(3,991,872)	(256,911)			(4,248,783)	436,856
	95-3310115	Cigna HealthCare of California, Inc.		16,000,000			(5,620,975)				10,379,025	6,902,479
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		1,000,000			(116,640)	(85,266)			798,094	60,660
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	(37,000,000)				(768,991)	(3,707)			(37,772,698)	2,569
95136	59-2089259	Cigna HealthCare of Florida, Inc.	(1,000,000)				(41,933)	(26,286)			(1,068,219)	18,220
95602	36-3385638	Cigna HealthCare of Illinois, Inc.		29,000,000		(23,000)	(2,788,715)	(1,608,947)			24,579,338	1,480,301
95477	01-0418220	Cigna HealthCare of Maine, Inc.									0	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.									0	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.									0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(8,291)				(8,291)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(2,000,000)				(26,007)	758,668			(1,267,339)	12,050
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.									0	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.					(1,942,501)	233,334			(1,709,167)	53,831
95518	62-1230908	Cigna HealthCare of Utah, Inc.									0	
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(40,826,202)	(38,333)			(40,864,535)	26,570
95383	74-2767437	Cigna HealthCare of Texas, Inc.					(1,291,924)	681,806			(610,118)	679,392
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(19,084)	(11,397)			(30,481)	7,900

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

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95606	62-1218053	Cigna HealthCare of Tennesee, Inc.					(582,840)				(582,840)	309,069
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.		5,000,000			(11,374,187)	(1,489,315)			(7,863,502)	1,306,050
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.		-			(9,498,276)	(3,247)			(9,501,523)	2,251
	00-0000000	Temple Insurance Company Limited					(19,817)				(19,817)	
	86-3581583	Arizona Health Plan, Inc.									0	
	02-0467679	Healthsource Properties, Inc.									0	
	00-0000000	Managed Care Consultants, Inc.									0	
	02-0515554	Cigna Benefit Technology Solutions, Inc.									0	
	35-1641636	Sagamore Health Network, Inc.					18,555,124				18,555,124	
	84-0985843	Cigna Healthcare Holdings, Inc.									0	
95388	93-1174749	Great-West Healthcare of Illinois, Inc.					(1,982)				(1,982)	
	02-0495422	Cigna Healthcare, Inc.									0	
64548	13-2556568	Cigna Life Insurance Company of New York	(5,000,000)				(983,974)	9,964,239			3,980,265	146,357,835
62308	06-0303370	Connecticut General Life Insurance Company	(88,000,000)	43,961,843			(7,479,533)	(116,415,296)			(167,932,986)	(841,514,742)
	45-3481107	CG Mystic Center LLC					108,035				108,035	
	00-0000000	Station Landing, LLC									0	
	45-3481241	CG Mystic Land LLC									0	
	20-3870049	CG Skyline, LLC									0	
	00-0000000	Skyline ND/CG LLC									0	
	00-0000000	Skyline Mezzanine Borrower LLC									0	
	00-0000000	Skyline at Station Landing LLC									0	
	26-0180898	CareAllies, LLC									0	
	00-0000000	CG Bayport LLC									0	
	00-0000000	Bayport Colony Apartments LLC									0	
	32-0222252	Cigna Onsite Health, LLC					(3,963)				(3,963)	
	00-0000000	Gillette Ridge Community Council, Inc.									0	
	20-3700105	Gillette Ridge Golf, LLC									0	
	52-2149519	Hazard Center Investment Company LLC									0	
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C.	(42,000,000)				(6,182)				(42,006,182)	
	00-0000000	GRG Acquisitions LLC		137,307							137,307	
	27-5402196	Cigna Affiliates Realty Investment Group LLC		(245,323,708)							(245,323,708)	
	00-0000000	CR Longwood Investors L.P.									0	
	00-0000000	ND/CR Longwood LLC									0	
	00-0000000	ARE/ND/CR Longwood LLC									0	
	00-0000000	Secon Properties, LP									0	
	00-0000000	Transwestern Federal Holdings, L.L.C.									0	
	00-0000000	Transwestern Federal , L.L.C.									0	
	00-0000000	Market Street Residential Holdings LLC									0	
	00-0000000	Arborpoint at Market Street LLC									0	
	00-0000000	Diamondview Tower CM-CG LLC									0	
	00-0000000	CR Washington Street Investors LP									0	
	00-0000000	Dulles Town Center Mall, LLC									0	

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

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	00-0000000	ND/CR Unicorn LLC									0	
	00-0000000	Union Wharf Apartments LLC									0	
	00-0000000	AMD Apartments Limited Partership									0	
	00-0000000	PUR Arbors Apartments Venture LLC									0	
	00-0000000	CG Seventh Street LLC									0	
	00-0000000	Ideal Properties II LLC									0	
	80-0668090	Alessandro Partners, LLC									0	
	80-0908244	Mallory Square Partners I, LLC									0	
	00-0000000	Houston Briar Forest Apartments Limited Partnership									0	
	00-0000000	Newtown Partners II, LP									0	
	00-0000000	Newtown Square GP LLC									0	
	00-0000000	AFA Apartments Limited Partnership									0	
	00-0000000	SB-SNH LLC									0	
	00-0000000	680 Investors LLC									0	
	00-0000000	685 New Hampshire LLC									0	
	00-0000000	CGGL 18301 LLC									0	
	00-0000000	222 Main Street CARING GP LLC									0	
	00-0000000	222 Main Street Investors LP									0	
	00-0000000	Notch 8 Residential, L.L.C.									0	
	00-0000000	UVL, LLC									0	
	00-0000000	3601 North Fairfax Drive Associates, LLC									0	
	47-4235739	CI Perris 151, LLC									0	
	47-4375626	Lakehills CM-CG LLC									0	
	30-0939067	Affiliated Hotel Subsidiary									0	
	81-2481274	CGGL 6280 LLC									0	
	81-2650133	Berewick Apartments LLC									0	
	81-3389374	CIG-LEI Ygnacio Associates LLC									0	
	61-1797835	CGGL Orange Collection LLC									0	
	81-3281922	CGGL Chapman LLC									0	
	81-3313562	CGGL City Parkway LLC									0	
	81-4139432	Heights at Bear Creek Venture LLC									0	
	82-1732483	SOMA Apartments Venture LLC									0	
	82-3315524	Arbor Heights Venture LLC									0	
	27-0268530	CORAC, LLC		(85,008)							(85,008)	
	27-3582688	Henry on the Park Associates, LLC									0	
67369	59-1031071	Cigna Health and Life Insurance Company	(876,500,000)	51,860,186			35,649,028	96,961,205			(692,029,581)	92,114,257
	45-2681649	CarePlexus, LLC									0	
	27-3396038	Cigna Corporate Services, LLC									0	
	27-1903785	Cigna Insurance Agency, LLC									0	
	34-1970892	Ceres Sales of Ohio, LLC									0	
61727	34-0970995	Central Reserve Life Insurance Company	(6,000,000)				(288,197)				(6,288,197)	
67903	23-1335885	Provident American Life & Health Insurance Company	(12,500,000)				(493,732)				(12,993,732)	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
65269	75-2305400	United Benefit Life Insurance Company					(24,962)				(24,962)	
65722	63-0343428	Loyal American Life Insurance Company		(500,000)			(57,005,517)				(57,505,517)	
88366	59-2760189	American Retirement Life Insurance Company		60,500,000			(29,888,031)				30,611,969	
	23-3744987	QualCare Alliance Networks, Inc.	(10,000,000)								(10,000,000)	
	22-3129563	QualCare, Inc.									0	
	22-2483867	Scibal Associates, Inc.									0	
	46-1634843	QualCare Captive Insurance Company Inc., PCC									0	
	46-1801639	QualCare Management Resources Limited Liability Company									0	
	46-2086778	Health-Lynx, LLC									0	
77399	13-1867829	Sterling Life Insurance Company	(14,500,000)				(4,339,680)				(18,839,680)	
	91-1500758	Olympic Health Management Systems, Inc.	(500,000)								(500,000)	
	91-1599329	Olympic Health Management Services, Inc.									0	
	88-0455414	WorldDoc, Inc.									0	
	45-2355015	Omada Health, Inc.									0	
	23-1728483	Cigna Health Management, Inc.					166,201,621				166,201,621	
	20-8064696	Kronos Optimal Health Company					605,323				605,323	
65498	23-1503749	Life Insurance Company of North America		89,449,380		(68,394)	(26,214,954)	106,787,470			169,953,502	690,821,058
	00-0000000	Cigna & CMB Life Insurance Company Limited					30,696				30,696	
	00-0000000	Cigna & CMB Health Services Company, Ltd.									0	
	58-1136865	Cigna Direct Marketing Company, Inc.									0	
	46-0427127	Tel-Drug, Inc.	(148,000,000)				(143,672)				(148,143,672)	
	00-0000000	Cigna Global Wellbeing Holdings Limited									0	
	00-0000000	Cigna Global Wellbeing Solutions Limited									0	
	98-0463704	Vielife Services, Inc.									0	
	06-1332403	CG Individual Tax Benefits Payments, Inc.									0	
	06-1332405	CG Life Pension Benefits Payments, Inc.									0	
	06-1332401	CG LINA Pension Benefits Payments, Inc.									0	
	62-1724116	Cigna Federal Benefits, Inc.									0	
	23-2741293	Cigna Healthcare Benefits, Inc.									0	
	23-2924152	Cigna Integratedcare, Inc.									0	
	23-2741294	Cigna Managed Care Benefits Company									0	
	06-1071502	Cigna RE Corporation									0	
	06-1522976	Blodget & Hazard Limited									0	
	06-1567902	Cigna Resource Manager, Inc.									0	
	06-1252419	Connecticut General Benefit Payments, Inc.									0	
	06-1533555	Healthsource Benefits, Inc.									0	
	35-2041388	IHN, Inc.					(4,954)				(4,954)	
	06-1252418	LINA Benefit Payments, Inc.									0	
	88-0334401	Mediversal, Inc.									0	
	88-0344624	Universal Claims Administration									0	
	81-2760646	CareAllies, Inc.									0	
	27-1713977	Brighter, Inc.									0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	80-0818758	Patient Provider Alliance, Inc.									0	
	51-0389196	Cigna Global Holdings, Inc.	(62,133,894)	219,027,627			642,298				157,536,031	
	51-0111677	Cigna International Corporation, Inc.					63,320				63,320	
	23-2610178	Cigna International Services, Inc.									0	
	30-3087621	Cigna International Marketing (Thailand) Limited									0	
	00-0000000	CGO PARTICIPATOS LTDA									0	
	00-0000000	YCFM Servicos LTDA									0	
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(67,000,000)			68,394	(5,842)	(93,586,135)			(160,523,583)	(103,244,838)
	23-3009279	Cigna Holdings Overseas, Inc.									0	
	00-0000000	Cigna Bellevue Alpha LLC									0	
	46-4110289	Cigna Linden Holdings, Inc.									0	
	98-1146864	Cigna Laurel Holdings, Ltd.									0	
	00-0000000	Cigna Palmetto Holdings, Ltd.									0	
	00-0000000	Cigna Apac Holdings Limited									0	
	00-0000000	Cigna Alder Holdings, LLC									0	
	00-0000000	Cigna Walnut Holdings, Ltd.									0	
	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
	00-0000000	Cigna Nederland Gamma B.V.									0	
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.									0	
	00-0000000	LINA Life Insurance Company of Korea									0	
	00-0000000	Cigna International Services Australia Pty Ltd									0	
	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
	00-0000000	Cigna HLA Technology Services Limited									0	
	00-0000000	Cigna Worldwide General Insurance Company Limited									0	
	00-0000000	Cigna Worldwide Life Insurance Company Limited									0	
	00-0000000	Cigna International Health Services Sdn. Bhd.									0	
	00-0000000	Cigna Life Insurance New Zealand Limited									0	
	00-0000000	Grown Ups New Zealand Limited									0	
	AA-1560515	Cigna Life Insurance Company of Canada					(9,736,967)	(320,035)			(10,057,002)	517,292
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company									0	
	00-0000000	LINA Financial Service									0	
	00-0000000	RHP (Thailand) Limited									0	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited									0	
	00-0000000	KDM (Thailand) Limited									0	
	00-0000000	Cigna Insurance Public Company Limited									0	
	00-0000000	Cigna Taiwan Life Assurance Company Limited									0	
	98-1154657	Cigna Myrtle Holdings, Ltd.									0	
	98-1155943	Cigna Elmwood Holdings, SPRL									0	
	98-1181787	Cigna Beechwood Holdings									0	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(9,490)	(992,997)			(1,002,487)	350,638
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.									0	

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
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?	YES

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

	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	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?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	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?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	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?	NO
45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
46.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
49.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
50.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
51.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
52.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
53.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:	BAR CODE:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12. The data for this supplement is not required to be filed.	 *6572220174200000*
13.	
14. The data for this supplement is not required to be filed.	 *6572220174900000*
15.	
16.	
17.	
18. The data for this supplement is not required to be filed.	 *6572220174430000*
19. The data for this supplement is not required to be filed.	 *6572220174440000*
20. The data for this supplement is not required to be filed.	 *6572220174450000*
21.	
22. The data for this supplement is not required to be filed.	 *6572220174470000*
23. The data for this supplement is not required to be filed.	 *6572220174480000*
24. The data for this supplement is not required to be filed.	 *6572220174490000*
25. The data for this supplement is not required to be filed.	 *6572220174500000*
26. The data for this supplement is not required to be filed.	 *6572220174510000*
27. The data for this supplement is not required to be filed.	 *6572220174520000*
28. The data for this supplement is not required to be filed.	 *6572220174530000*
29. The data for this supplement is not required to be filed.	 *6572220174360000*
30. The data for this supplement is not required to be filed.	 *6572220174370000*
31. The data for this supplement is not required to be filed.	 *6572220174380000*
32. The data for this supplement is not required to be filed.	 *6572220174390000*
33. The data for this supplement is not required to be filed.	 *6572220174540000*
34. The data for this supplement is not required to be filed.	 *6572220174950000*
35.	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

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

40.

41.

42.

43.

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

45.

46.

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

48.

49.

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

51.

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3	All Other Lines		
	Life	Cost Containment	All Other	of Business	Investment	Total
09.304. TPA Service Fees	6,937		620,960			627,897
09.305. Consulting Fees	499		341,266			341,765
09.397. Summary of remaining write-ins for Line 9.3	7,436	0	962,226	0	0	969,662

Overflow Page for Write-Ins

Additional Write-ins for Schedule H:

	Total		Group Accident and Health		Credit Accident and Health (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 %
1104. Interest and adjustments on contract or deposit-type contrac	17	0.0		0.0		0.0		0.0	10	0.0	7	0.0		0.0		0.0		0.0
1197. Summary of remaining write-ins for Line 11	17	0.0	0	0.0	0	0.0	0	0.0	10	0.0	7	0.0	0	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.....Alaska

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-AA-F-AK	F	NO	34000	.05/02/2013				Modernized Medicare Supplement Insurance Plan	23,236	25,717	110.7	11	104,048	89,115	85.6	65
YES	LOYAL-MS-AA-G-AK	G	NO	34000	.05/02/2013				Modernized Medicare Supplement Insurance Plan	17,500	16,963	96.9	10	178,633	144,033	80.6	167
YES	LOYAL-MS-AA-N-AK	N	NO	34000	.05/02/2013				Modernized Medicare Supplement Insurance Plan	14,338	6,475	45.2	12	58,873	26,772	45.5	58
YES	LOYAL-MSD-AA-F-AK	F	NO	204000	.08/21/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	4,838	2,122	43.9	6
YES	LOYAL-MSD-AA-G-AK	G	NO	204000	.08/21/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	10,876	17,316	159.2	16
YES	LOYAL-MSD-AA-N-AK	N	NO	204000	.08/21/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,166	360	30.9	3
YES	LOYAL-MSX-AA-F-AK	F	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	56,412	45,330	80.4	29
YES	LOYAL-MSX-AA-G-AK	G	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	22,686	25,103	110.7	15
YES	LOYAL-MSX-AA-HDF	F	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	17,806	8,724	49.0	26
YES	LOYAL-MSX-AA-N-AK	N	NO	30500	.09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	38,549	23,621	61.3	26
0199999.	Total Policy Experience on Individual Policies									55,074	49,155	89.3	33	493,887	382,496	77.4	411

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6200-AL	H	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,001	4,179	41.8	3	-	-	0.0	-
YES	L-6201-AL	I	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,152	3,622	58.9	1	-	-	0.0	-
YES	L-6202-AL	J	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	98,098	80,696	82.3	24			0.0	
YES	LOYAL-MS-AA-F-AL	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	193,076	125,167	64.8	72	559,970	420,807	75.1	222
YES	LOYAL-MS-AA-G-AL	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	152,158	119,457	78.5	61	150,568	98,182	65.2	68
YES	LOYAL-MS-AA-N-AL	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	32,634	26,862	82.3	17	152,822	94,338	61.7	86
0199999.	Total Policy Experience on Individual Policies									492,119	359,983	73.1	178	863,360	613,327	71.0	376

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5234-AR	F	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	90,542	77,814	85.9	43	-	-	0.0	-
YES	L-5235-AR	G	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,960	8,639	218.2	2	-	-	0.0	-
YES	LOYAL-MS-CR-C-AR	C	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	2,222	6,630	298.4	1
YES	LOYAL-MS-CR-D-AR	D	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	9,382	4,544	48.4	5
YES	LOYAL-MS-CR-F-AR	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	31,512	45,668	144.9	12	2,087,734	1,744,468	83.6	963
YES	LOYAL-MS-CR-G-AR	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,032	8,110	89.8	5	402,500	618,717	153.7	220
YES	LOYAL-MS-CR-N-AR	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	4,231	4,120	97.4	3	334,841	250,953	74.9	237
0199999.	Total Policy Experience on Individual Policies									139,277	144,351	103.6	65	2,836,679	2,625,312	92.5	1,426

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5230-AZ	A	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,944	987	33.5	1	-	-	0.0	-
YES	L-5233-AZ	D	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,243	1,923	59.3	1	-	-	0.0	-
YES	L-5234-AZ	F	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	73,121	42,128	57.6	18	-	-	0.0	-
YES	LOYAL-MS-IA-F-AZ	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	57,414	64,378	112.1	17	49,691	42,383	85.3	15
YES	LOYAL-MS-IA-G-AZ	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	7,421	10,702	144.2	3	21,232	3,935	18.5	8
YES	LOYAL-MS-IA-N-AZ	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	781	(295)	(37.8)	-	2,518	2,699	107.2	1
0199999.	Total Policy Experience on Individual Policies									144,924	119,823	82.7	40	73,441	49,017	66.7	24

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-AA-A-CA	A	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	7,457	4,666	62.6	3
YES	LOYAL-MS-AA-F-CA	F	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	404,755	352,918	87.2	156	16,131,677	13,597,365	84.3	7,071
YES	LOYAL-MS-AA-G-CA	G	NO	34000	.04/02/2014				Modernized Medicare Supplement Insurance Plan	105,738	60,404	57.1	55	6,414,054	4,823,073	75.2	4,537
YES	LOYAL-MS-AA-N-CA	N	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	33,682	11,434	33.9	22	3,596,219	2,473,799	68.8	2,357
0199999.	Total Policy Experience on Individual Policies									544,175	424,756	78.1	233	26,149,407	20,898,903	79.9	13,968

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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.....	LOYAL-MS-AA-F-CO	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	634,871	469,951	.....74.0	242	472,063	338,352	.....71.7	193
.....YES.....	LOYAL-MS-AA-G-CO	G.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	86,879	42,324	.....48.7	41	131,059	97,155	.....74.1	65
.....YES.....	LOYAL-MS-AA-N-CO	N.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	10,464	18,679	.....178.5	5	21,696	10,183	.....46.9	11
0199999.	Total Policy Experience on Individual Policies.....									732,214	530,954	.....72.5	288	624,818	445,690	.....71.3	269

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-CR-A-CT	A	NO	34060	11/08/2013				Modernized Medicare Supplement Insurance Plan	7,986	26,477	331.5	2	20,976	6,783	32.3	7
YES	LOYAL-MS-CR-F-CT	F	NO	34000	11/08/2013				Modernized Medicare Supplement Insurance Plan	160,019	124,093	77.5	45	907,887	604,853	66.6	273
YES	LOYAL-MS-CR-G-CT	G	NO	34000	11/08/2013				Modernized Medicare Supplement Insurance Plan	247,409	232,141	93.8	83	1,709,490	1,251,901	73.2	579
YES	LOYAL-MS-CR-N-CT	N	NO	34000	11/08/2013				Modernized Medicare Supplement Insurance Plan	40,503	36,144	89.2	17	215,729	111,343	51.6	91
YES	LOYAL-MSD-CR-A-CT	A	NO	204060	05/23/2014				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	13,226	22,044	166.7	6
0199999.	Total Policy Experience on Individual Policies									455,917	418,855	91.9	147	2,867,308	1,996,924	69.6	956

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 7 3 6 0 0 9 1 0 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-AA-F-DC	F	NO	34000	.05/09/2013				Modernized Medicare Supplement Insurance Plan	18,439	8,363	45.4	8	20,842	7,146	34.3	10
YES	LOYAL-MS-AA-G-DC	G	NO	34000	.05/09/2013				Modernized Medicare Supplement Insurance Plan	6,821	3,424	50.2	4	37,232	16,352	43.9	28
YES	LOYAL-MS-AA-N-DC	N	NO	34000	.05/09/2013				Modernized Medicare Supplement Insurance Plan	2,553	851	33.3	2	4,018	533	13.3	4
YES	LOYAL-MSD-AA-F-DC	F	NO	204000	.08/05/2013				Modernized Medicare Supplement Insurance Plan	10,668	29,937	280.6	4	52,016	21,933	42.2	32
YES	LOYAL-MSD-AA-G-DC	G	NO	204000	.08/05/2013				Modernized Medicare Supplement Insurance Plan	8,369	32,445	387.7	5	23,766	13,970	58.8	18
YES	LOYAL-MSD-AA-N-DC	N	NO	204000	.08/05/2013				Modernized Medicare Supplement Insurance Plan	1,323	450	34.0	1	8,326	1,219	14.6	4
YES	LOYAL-MSX-AA-F-DC	F	NO	30500	.06/12/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	31,897	18,994	59.5	22
YES	LOYAL-MSX-AA-G-DC	G	NO	30500	.06/12/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	142	136	95.8	1
YES	LOYAL-MSX-AA-HDF	F	NO	30500	.06/12/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,107	470	42.5	1
YES	LOYAL-MSX-AA-N-DC	N	NO	30500	.06/12/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	6,054	3,609	59.6	5
0199999.	Total Policy Experience on Individual Policies									48,173	75,470	156.7	24	185,400	84,362	45.5	125

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6201-GA	I	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,160	6,771	47.8	5	-	-	0.0	-
YES	L-6202-GA	J	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	217,219	125,290	57.7	65	-	-	0.0	-
YES	LOYAL-MS-IA-F-GA.	F	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	120,590	90,977	75.4	39	406,959	256,048	62.9	141
YES	LOYAL-MS-IA-G-GA.	G	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	39,514	14,548	36.8	15	171,365	111,580	65.1	72
YES	LOYAL-MS-IA-N-GA.	N	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	8,871	8,048	90.7	4	82,017	54,857	66.9	41
0199999.	Total Policy Experience on Individual Policies									400,354	245,634	61.4	128	660,341	422,485	64.0	254

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-AA-F-HI	F	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	1,723	432	25.1	1	117,584	83,565	71.1	77
YES	LOYAL-MS-AA-G-HI	G	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	140,730	65,925	46.8	125
YES	LOYAL-MS-AA-N-HI	N	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	25,773	9,920	38.5	28
YES	LOYAL-MSD-AA-F-HI	F	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	30,585	15,223	49.8	17
YES	LOYAL-MSD-AA-G-HI	G	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	10,696	6,815	63.7	6	43,172	37,397	86.6	30
YES	LOYAL-MSD-AA-N-HI	N	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	10,205	8,842	86.6	8
0199999.	Total Policy Experience on Individual Policies									12,419	7,247	58.4	7	368,049	220,872	60.0	285

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5233-IA	D	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,448	2,513	102.7	-	-	-	0.0	-
YES	L-5234-IA	F	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	347,133	280,112	80.7	107	-	-	0.0	-
YES	L-5235-IA	G	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,855	6,572	55.4	3	-	-	0.0	-
YES	L-6200-IA	H	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,839	1,644	57.9	1	-	-	0.0	-
YES	L-6201-IA	I	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,842	12,842	219.8	2	-	-	0.0	-
YES	L-6202-IA	J	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	914,732	824,645	90.2	275	-	-	0.0	-
YES	LOYAL-MS-AA-F-IA	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	881,636	818,655	92.9	298	85,648	53,242	62.2	31
YES	LOYAL-MS-AA-G-IA	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	41,451	24,931	60.1	16	22,129	12,248	55.3	10
YES	LOYAL-MS-AA-N-IA	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,739	295	7.9	2	63,049	39,200	62.2	34
0199999	Total Policy Experience on Individual Policies									2,211,675	1,972,209	89.2	704	170,826	104,690	61.3	75

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5234-ID	F	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	38,662	28,184	72.9	15	-	-	0.0	-
YES	L-5235-ID	G	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	40,936	29,077	71.0	18	-	-	0.0	-
YES	L-6202-ID	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	336,519	157,492	46.8	106	-	-	0.0	-
YES	LOYAL-MS-IA-A-ID	A	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	3,524	3,371	95.7	2
YES	LOYAL-MS-IA-B-ID	B	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan	2,475	4,622	186.7	1	-	-	0.0	-
YES	LOYAL-MS-IA-D-ID	D	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	2,270	25	1.1	1
YES	LOYAL-MS-IA-F-ID	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	293,393	234,255	79.8	113	557,276	443,714	79.6	227
YES	LOYAL-MS-IA-G-ID	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	55,268	26,288	47.6	26	155,367	108,841	70.1	87
YES	LOYAL-MS-IA-N-ID	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	14,051	2,206	15.7	7	168,083	118,110	70.3	98
YES	LOYAL-MSX-IA-F-MI	F	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	254,028	151,886	59.8	143
YES	LOYAL-MSX-IA-G-MI	G	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	127,873	113,984	89.1	71
YES	LOYAL-MSX-IA-HDF-	F	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	15,551	2,922	18.8	21
YES	LOYAL-MSX-IA-N-MI	N	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	123,132	74,736	60.7	84
0199999.	Total Policy Experience on Individual Policies									781,304	482,124	61.7	286	1,407,104	1,017,589	72.3	734

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5234-IL	F	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	456,622	296,649	65.0	124	-	-	0.0	-
YES	L-5235-IL	G	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,897	7,587	30.5	8	-	-	0.0	-
YES	L-6200-IL	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,594	12,899	169.9	2	-	-	0.0	-
YES	L-6201-IL	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,370	4,480	29.1	5	-	-	0.0	-
YES	L-6202-IL	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,789,938	1,301,119	72.7	485	-	-	0.0	-
YES	LOYAL-MS-AA-C-IL	C	NO	34060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	6,528	1,949	29.9	2
YES	LOYAL-MS-AA-D-IL	D	NO	34060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	5,027	600	11.9	2	2,055	561	27.3	1
YES	LOYAL-MS-AA-F-IL	F	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	3,057,382	2,691,214	88.0	996	2,469,418	1,913,692	77.5	887
YES	LOYAL-MS-AA-G-IL	G	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	242,594	214,106	88.3	89	473,909	336,612	71.0	188
YES	LOYAL-MS-AA-N-IL	N	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	197,973	197,694	99.9	91	657,126	504,859	76.8	334
0199999.	Total Policy Experience on Individual Policies									5,797,397	4,726,348	81.5	1,802	3,609,036	2,757,673	76.4	1,412

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5231-IN	B	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,854	124	4.3	1	-	-	0.0	-
YES	L-5232-IN	C	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7	(163)	(2,328.6)	-	-	-	0.0	-
YES	L-5233-IN	D	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,949	7,139	102.7	2	-	-	0.0	-
YES	L-5234-IN	F	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	523,367	378,698	72.4	145	-	-	0.0	-
YES	L-5235-IN	G	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	237,990	173,979	73.1	67	-	-	0.0	-
YES	L-6200-IN	H	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,652	10,090	64.5	5	-	-	0.0	-
YES	L-6201-IN	I	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	25,440	34,414	135.3	8	-	-	0.0	-
YES	L-6202-IN	J	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,097,051	759,601	69.2	311	-	-	0.0	-
YES	LOYAL-MS-AA-A-IN	A	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	7,833	7,750	98.9	5	-	-	0.0	-
YES	LOYAL-MS-AA-B-IN	B	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,886	134	7.1	1
YES	LOYAL-MS-AA-C-IN	C	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	18,304	20,144	110.1	7	4,280	2,178	50.9	3
YES	LOYAL-MS-AA-D-IN	D	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	33,671	38,031	112.9	15	4,422	2,294	51.9	3
YES	LOYAL-MS-AA-F-IN	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,607,653	1,339,353	83.3	631	3,009,489	2,687,151	89.3	1,295
YES	LOYAL-MS-AA-G-IN	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	439,161	426,129	97.0	198	859,684	617,769	71.9	436
YES	LOYAL-MS-AA-N-IN	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	257,573	260,064	101.0	140	1,374,089	1,143,300	83.2	798
0199999	Total Policy Experience on Individual Policies									4,273,505	3,455,353	80.9	1,535	5,253,850	4,452,826	84.8	2,536

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6200-KS	H	NO	34060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,423	2,098	86.6	1	-	-	0.0	-
YES	L-6201-KS	I	NO	34060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	51,984	51,304	98.7	17	-	-	0.0	-
YES	L-6202-KS	J	NO	34060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	708,627	509,774	71.9	191	-	-	0.0	-
YES	LOYAL-MS-AA-A-KS	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,805	340	18.8	1
YES	LOYAL-MS-AA-F-KS	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	627,965	507,421	80.8	231	1,763,222	1,360,088	77.1	759
YES	LOYAL-MS-AA-G-KS	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	58,699	47,125	80.3	23	253,790	156,827	61.8	138
YES	LOYAL-MS-AA-N-KS	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	850	6,612	777.9	1	68,564	55,229	80.6	39
0199999.	Total Policy Experience on Individual Policies									1,450,548	1,124,334	77.5	464	2,087,381	1,572,484	75.3	937

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-KY	A	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,285	2,155	94.3	-	-	-	0.0	-
YES	L-5231-KY	B	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,833	28,277	94.8	6	-	-	0.0	-
YES	L-5232-KY	C	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,410	4,416	129.5	1	-	-	0.0	-
YES	L-5233-KY	D	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,029	3,198	79.4	1	-	-	0.0	-
YES	L-5234-KY	F	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	367,856	320,355	87.1	97	-	-	0.0	-
YES	L-5235-KY	G	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,291	37,511	137.4	6	-	-	0.0	-
YES	LOYAL-MS-AA-A-KY	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	417	(105)	(25.2)	-	4,295	11,125	259.0	2
YES	LOYAL-MS-AA-B-KY	B	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	2,174	1,198	55.1	1
YES	LOYAL-MS-AA-C-KY	C	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	14,935	12,953	86.7	6	6,403	26,004	406.1	3
YES	LOYAL-MS-AA-D-KY	D	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,495	3,775	68.7	2	-	-	0.0	-
YES	LOYAL-MS-AA-F-KY	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	524,712	448,731	85.5	183	2,156,244	1,589,731	73.7	900
YES	LOYAL-MS-AA-G-KY	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	142,526	127,236	89.3	55	815,069	610,503	74.9	377
YES	LOYAL-MS-AA-N-KY	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	30,584	48,973	160.1	14	503,414	305,666	60.7	300
0199999.	Total Policy Experience on Individual Policies									1,153,373	1,037,475	90.0	371	3,487,599	2,544,227	73.0	1,583

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 7 3 6 0 1 9 1 0 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5231-LA	B	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,274	12,599	135.9	3	-	-	0.0	-
YES	L-5232-LA	C	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,738	1,485	31.3	1	-	-	0.0	-
YES	L-5233-LA	D	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,620	535	14.8	1	-	-	0.0	-
YES	L-5234-LA	F	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	121,527	51,545	42.4	32	-	-	0.0	-
YES	L-5235-LA	G	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,895	4,976	15.1	8	-	-	0.0	-
YES	L-5333-LA	F	YES	34060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,875	1,164	40.5	1	-	-	0.0	-
YES	LOYAL-MS-AA-A-LA	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,691	15,757	931.8	1
YES	LOYAL-MS-AA-C-LA	C	NO	34060	06/25/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	5,052	435	8.6	2
YES	LOYAL-MS-AA-F-LA	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	96,210	78,872	82.0	29	484,409	413,826	85.4	186
YES	LOYAL-MS-AA-G-LA	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	28,683	21,805	76.0	12	144,270	99,853	69.2	62
YES	LOYAL-MS-AA-N-LA	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	108,001	124,746	115.5	52
0199999.	Total Policy Experience on Individual Policies									299,822	172,981	57.7	87	743,423	654,617	88.1	303

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-CR-A-ME	A	NO	34060	.05/29/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	3,735	4,172	111.7	2
YES	LOYAL-MS-CR-F-ME	F	NO	34000	.05/29/2013				Modernized Medicare Supplement Insurance Plan	10,247	4,017	39.2	4	129,338	97,163	75.1	73
YES	LOYAL-MS-CR-G-ME	G	NO	34000	.05/29/2013				Modernized Medicare Supplement Insurance Plan	16,214	10,198	62.9	8	598,606	445,208	74.4	442
YES	LOYAL-MS-CR-N-ME	N	NO	34000	.05/29/2013				Modernized Medicare Supplement Insurance Plan	6,521	5,622	86.2	4	102,168	57,599	56.4	111
YES	LOYAL-MSD-CR-A-M	A	NO	204060	.07/03/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	869	2,694	310.0	-
YES	LOYAL-MSD-CR-F-MI	F	NO	204000	.07/03/2013				Modernized Medicare Supplement Insurance Plan	5,016	489	9.7	2	17,187	9,669	56.3	6
YES	LOYAL-MSD-CR-G-M	G	NO	204000	.07/03/2013				Modernized Medicare Supplement Insurance Plan	34,942	27,108	77.6	17	74,837	86,329	115.4	46
YES	LOYAL-MSD-CR-N-M	N	NO	204000	.07/03/2013				Modernized Medicare Supplement Insurance Plan	5,067	3,166	62.5	3	17,320	10,960	63.3	10
0199999.	Total Policy Experience on Individual Policies									78,007	50,600	64.9	38	944,060	713,794	75.6	690

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5234-MI	F	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	46,374	27,190	58.6	9	-	-	0.0	-
YES	L-6200-MI	H	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,737	197	2.9	2	-	-	0.0	-
YES	L-6201-MI	I	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,603	3,996	15.0	7	-	-	0.0	-
YES	L-6202-MI	J	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	533,812	361,338	67.7	141	-	-	0.0	-
YES	LOYAL-MS-AA-A-MI	A	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,214	1,457	120.0	1
YES	LOYAL-MS-AA-C-MI	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	35,048	24,430	69.7	11	5,875	11,932	203.1	3
YES	LOYAL-MS-AA-D-MI	D	NO	34000	06/07/2010				Modernized Medicare Supplement Insurance Plan	52,536	45,104	85.9	21	-	-	0.0	-
YES	LOYAL-MS-AA-F-MI	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,793,142	1,649,616	92.0	681	1,203,205	1,027,400	85.4	496
YES	LOYAL-MS-AA-G-MI	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	625,095	417,963	66.9	273	333,269	210,008	63.0	162
YES	LOYAL-MS-AA-N-MI	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	363,432	249,944	68.8	187	342,503	313,885	91.6	197
YES	LOYAL-MSX-AA-F-MI	F	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	762,786	651,132	85.4	379
YES	LOYAL-MSX-AA-G-MI	G	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	232,867	191,307	82.2	141
YES	LOYAL-MSX-AA-HDF	F	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	99,213	58,510	59.0	122
YES	LOYAL-MSX-AA-N-MI	N	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	322,912	215,941	66.9	225
0199999.	Total Policy Experience on Individual Policies									3,482,779	2,779,778	79.8	1,332	3,303,844	2,681,572	81.2	1,726

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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.....	LOYAL-MS-BASIC-MI	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	-	-	.....0.0	-	839,056	722,806	.....86.1	458
.....YES.....	LOYAL-MS-COPAYM	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	-	-	.....0.0	-	8,646	12,407	.....143.5	4
.....YES.....	LOYAL-MS-EXTENDE	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	329,598	237,752	.....72.1	132	577,011	476,639	.....82.6	282
0199999.	Total Policy Experience on Individual Policies.....									329,598	237,752	.....72.1	132	1,424,713	1,211,852	.....85.1	744

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

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.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6200-MO	H	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,802	12,005	93.8	4	-	-	0.0	-
YES	L-6201-MO	I	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,668	1,426	25.2	2	-	-	0.0	-
YES	L-6202-MO	J	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	737,419	560,847	76.1	203	-	-	0.0	-
YES	LOYAL-MS-IA-A-MO	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	3,439	195	5.7	2
YES	LOYAL-MS-IA-F-MO	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	290,496	248,871	85.7	99	949,763	719,734	75.8	351
YES	LOYAL-MS-IA-G-MO	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	64,750	50,040	77.3	25	223,354	151,630	67.9	96
YES	LOYAL-MS-IA-N-MO	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,408	2,407	44.5	2	50,411	21,303	42.3	24
0199999.	Total Policy Experience on Individual Policies									1,116,543	875,596	78.4	335	1,226,967	892,862	72.8	473

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6572220173602510 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5232-MS	C	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,808	4,942	56.1	2	-	-	0.0	-
YES	L-5234-MS	F	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	141,537	104,497	73.8	37	-	-	0.0	-
YES	L-5235-MS	G	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,687	3,101	35.7	2	-	-	0.0	-
YES	L-5332-MS	D	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	532	183	34.4	-	-	-	0.0	-
YES	L-5333-MS	F	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	247,171	179,848	72.8	79	-	-	0.0	-
YES	L-5334-MS	G	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,357	3,769	159.9	1	-	-	0.0	-
YES	L-6200-MS	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,949	1,600	40.5	1	-	-	0.0	-
YES	L-6201-MS	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,357	8,386	192.5	1	-	-	0.0	-
YES	L-6202-MS	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	772,361	484,302	62.7	214	-	-	0.0	-
YES	LOYAL-MS-AA-A-MS	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	10,797	3,237	30.0	5
YES	LOYAL-MS-AA-B-MS	B	NO	34060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,905	6,475	54.4	4	3,723	1,520	40.8	2
YES	LOYAL-MS-AA-C-MS	C	NO	34060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,586	6,738	63.7	4	7,759	1,157	14.9	3

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
YES	LOYAL-MS-AA-D-MS	D	NO	34000	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,211	2,834	45.6	2	6,239	256	4.1	3
YES	LOYAL-MS-AA-F-MS	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,481,061	1,304,727	88.1	492	1,521,556	1,093,303	71.9	647
YES	LOYAL-MS-AA-G-MS	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	124,638	110,675	88.8	50	292,677	162,219	55.4	140
YES	LOYAL-MS-AA-N-MS	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	51,787	49,251	95.1	25	318,618	224,931	70.6	185
0199999.	Total Policy Experience on Individual Policies									2,875,947	2,271,328	79.0	914	2,161,369	1,486,623	68.8	985

360.1

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

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

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5233-MT	D	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	(439)	-	0.0	-	-	-	0.0	-
YES	L-5234-MT	F	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,504	24,207	103.0	6	-	-	0.0	-
YES	L-5235-MT	G	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,557	7,548	212.2	1	-	-	0.0	-
YES	L-6201-MT	I	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,331	90	2.7	1	-	-	0.0	-
YES	L-6202-MT	J	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	972,463	757,424	77.9	323	-	-	0.0	-
YES	LOYAL-MS-AA-F-MT	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	45,973	23,060	50.2	18	118,790	85,233	71.8	51
YES	LOYAL-MS-AA-G-MT	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,041	4,321	33.1	5	46,070	36,474	79.2	23
YES	LOYAL-MS-AA-N-MT	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,790	208	3.6	3	10,517	10,482	99.7	6
0199999.	Total Policy Experience on Individual Policies									1,067,220	816,858	76.5	357	175,377	132,189	75.4	80

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5232-NC	C	NO	34060	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,502	4,594	54.0	2	-	-	0.0	-
YES	L-5233-NC	D	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,111	2,923	94.0	1	-	-	0.0	-
YES	L-5234-NC	F	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	212,816	100,390	47.2	53	-	-	0.0	-
YES	L-5235-NC	G	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,482	29,734	121.5	6	-	-	0.0	-
YES	L-6200-NC	H	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,286	7,764	75.5	3	-	-	0.0	-
YES	L-6201-NC	I	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	34,396	19,372	56.3	10	-	-	0.0	-
YES	L-6202-NC	J	NO	34060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,270,695	854,138	67.2	353	-	-	0.0	-
YES	LOYAL-MS-AA-A-NC	A	NO	34060	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	104	(179)	(172.1)	-	5,091	3,632	71.3	2
YES	LOYAL-MS-AA-B-NC	B	NO	34000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,853	61	3.3	1
YES	LOYAL-MS-AA-C-NC	C	NO	34060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	37,292	22,639	60.7	11	7,528	3,027	40.2	2
YES	LOYAL-MS-AA-D-NC	D	NO	34000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	21,073	8,890	42.2	8	1,733	7,382	426.0	1
YES	LOYAL-MS-AA-F-NC	F	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	1,314,043	1,160,621	88.3	426	763,835	572,851	75.0	311
YES	LOYAL-MS-AA-G-NC	G	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	181,708	134,222	73.9	73	217,959	132,029	60.6	106
YES	LOYAL-MS-AA-N-NC	N	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	85,384	63,198	74.0	41	198,756	123,301	62.0	113
0199999.	Total Policy Experience on Individual Policies									3,203,892	2,408,306	75.2	987	1,196,755	842,283	70.4	536

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6202-ND	J	NO	34000	.10/21/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,391	15,705	117.3	4	-	-	0.0	-
YES	LOYAL-MS-AA-F-ND	F	NO	34000	.06/01/2010			.11/01/2016	Modernized Medicare Supplement Insurance Plan	10,116	7,430	73.4	4	44,640	32,813	73.5	18
YES	LOYAL-MS-AA-G-ND	G	NO	34000	.06/01/2010			.11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	5,760	22,870	397.0	3
0199999.	Total Policy Experience on Individual Policies									23,507	23,135	98.4	8	50,400	55,683	110.5	21

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5232-NE	C	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,215	4,326	83.0	1	-	-	0.0	-
YES	L-5234-NE	F	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	128,491	104,348	81.2	34	-	-	0.0	-
YES	L-5235-NE	G	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,546	2,659	40.6	2	-	-	0.0	-
YES	L-6200-NE	H	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,087	-	0.0	1	-	-	0.0	-
YES	L-6201-NE	I	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,480	18,149	521.5	1	-	-	0.0	-
YES	L-6202-NE	J	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	687,485	514,734	74.9	205	-	-	0.0	-
YES	LOYAL-MS-AA-F-NE	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	764,757	652,566	85.3	264	397,661	364,476	91.7	168
YES	LOYAL-MS-AA-G-NE	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	54,661	41,700	76.3	20	52,608	44,609	84.8	26
YES	LOYAL-MS-AA-N-NE	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,984	455	7.6	2	12,779	4,613	36.1	6
0199999.	Total Policy Experience on Individual Policies									1,659,706	1,338,937	80.7	530	463,048	413,698	89.3	200

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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".

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.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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.....	LOYAL-MS-IA-F-NH.	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	3,287	767	.....23.3	1	9,193	2,538	.....27.6	2
.....YES.....	LOYAL-MS-IA-G-NH.	G.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	.....0.0	-	6,938	12,154	.....175.2	2
0199999.	Total Policy Experience on Individual Policies.....									3,287	767	.....23.3	1	16,131	14,692	.....91.1	4

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-AA-C-NJ	C	NO	34060	.05/16/2013				Modernized Medicare Supplement Insurance Plan	44,353	46,996	106.0	19	124,811	135,800	108.8	61
YES	LOYAL-MS-AA-F-NJ.	F	NO	34000	.05/16/2013				Modernized Medicare Supplement Insurance Plan	1,739,803	1,507,117	86.6	750	3,488,474	2,790,771	80.0	1,945
YES	LOYAL-MS-AA-G-NJ	G	NO	34000	.05/16/2013				Modernized Medicare Supplement Insurance Plan	1,543,430	1,462,529	94.8	757	3,719,242	2,640,859	71.0	2,579
YES	LOYAL-MS-AA-N-NJ	N	NO	34000	.05/16/2013				Modernized Medicare Supplement Insurance Plan	326,054	291,833	89.5	189	863,007	537,214	62.2	733
YES	LOYAL-MSD-AA-A-NJ	A	NO	204000	.07/12/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,593	555	34.8	1
YES	LOYAL-MSD-AA-C-NJ	C	NO	204060	.07/12/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	51,370	51,667	100.6	20
YES	LOYAL-MSD-AA-F-NJ	F	NO	204000	.07/12/2013				Modernized Medicare Supplement Insurance Plan	110,248	84,817	76.9	48	717,191	503,115	70.2	352
YES	LOYAL-MSD-AA-G-NJ	G	NO	204000	.07/12/2013				Modernized Medicare Supplement Insurance Plan	82,937	72,168	87.0	43	833,150	627,160	75.3	506
YES	LOYAL-MSD-AA-N-NJ	N	NO	204000	.07/12/2013				Modernized Medicare Supplement Insurance Plan	35,120	22,253	63.4	21	281,978	165,921	58.8	200
0199999.	Total Policy Experience on Individual Policies									3,881,945	3,487,713	89.8	1,827	10,080,816	7,453,062	73.9	6,397

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6200-NM	H	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,706	262	9.7	1	-	-	0.0	-
YES	L-6201-NM	I	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,601	8,702	59.6	6	-	-	0.0	-
YES	L-6202-NM	J	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	355,688	301,369	84.7	115	-	-	0.0	-
YES	LOYAL-MS-AA-F-NM	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	46,387	21,863	47.1	19	178,778	144,229	80.7	74
YES	LOYAL-MS-AA-G-NM	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	18,733	8,645	46.1	9	25,916	23,025	88.8	12
YES	LOYAL-MS-AA-N-NM	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,462	(70)	(2.8)	1	9,157	6,011	65.6	5
0199999.	Total Policy Experience on Individual Policies									440,577	340,771	77.3	151	213,851	173,265	81.0	91

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5230-OH	A	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,694	26,834	996.1	1	-	-	0.0	-
YES	L-5231-OH	B	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,455	2,116	28.4	2	-	-	0.0	-
YES	L-5232-OH	C	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	57,019	49,280	86.4	15	-	-	0.0	-
YES	L-5233-OH	D	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	49,890	45,357	90.9	15	-	-	0.0	-
YES	L-5234-OH	F	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	220,118	148,248	67.3	60	-	-	0.0	-
YES	L-5235-OH	G	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	37,325	31,250	83.7	11	-	-	0.0	-
YES	L-6200-OH	H	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,239	294	2.6	3	-	-	0.0	-
YES	L-6201-OH	I	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,938	6,872	34.5	3	-	-	0.0	-
YES	L-6202-OH	J	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	890,176	499,009	56.1	225	-	-	0.0	-
YES	LOYAL-MS-AA-A-OH	A	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	189	(149)	(78.8)	-
YES	LOYAL-MS-AA-C-OH	C	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	193,100	143,376	74.2	61	24,967	28,720	115.0	9
YES	LOYAL-MS-AA-D-OH	D	NO	34000	07/12/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	29,874	29,763	99.6	12	9,599	8,926	93.0	4
YES	LOYAL-MS-AA-F-OH	F	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	658,804	495,214	75.2	192	1,048,813	824,694	78.6	352
YES	LOYAL-MS-AA-G-OH	G	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	185,992	103,642	55.7	65	270,270	205,931	76.2	108
YES	LOYAL-MS-AA-N-OH	N	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	108,518	74,110	68.3	47	276,955	180,183	65.1	142
0199999.	Total Policy Experience on Individual Policies									2,472,142	1,655,365	67.0	712	1,630,793	1,248,305	76.5	615

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5233-OK	D	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,199	(139)	(11.6)	-	-	-	0.0	-
YES	L-5234-OK	F	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	217,928	176,763	81.1	58	-	-	0.0	-
YES	L-5235-OK	G	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,847	21,326	64.9	8	-	-	0.0	-
YES	L-6200-OK	H	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,219	5,583	36.7	4	-	-	0.0	-
YES	L-6201-OK	I	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,196	6,127	46.4	3	-	-	0.0	-
YES	L-6202-OK	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	707,396	485,640	68.7	193	-	-	0.0	-
YES	LOYAL-MS-AA-A-OK	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,260	493	21.8	1	15,399	11,759	76.4	6
YES	LOYAL-MS-AA-D-OK	D	NO	34000	06/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,000	827	27.6	1	-	-	0.0	-
YES	LOYAL-MS-AA-F-OK	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	411,578	377,539	91.7	132	67,190	42,845	63.8	29
YES	LOYAL-MS-AA-G-OK	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	39,049	14,291	36.6	13	12,526	2,241	17.9	6
YES	LOYAL-MS-AA-N-OK	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	45,559	82,028	180.0	22	16,711	5,969	35.7	10
0199999.	Total Policy Experience on Individual Policies									1,489,231	1,170,478	78.6	435	111,826	62,814	56.2	51

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-OR	A	NO	34060	.09/08/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,032	368	18.1	1	-	-	0.0	-
YES	L-5234-OR	F	NO	34060	.09/08/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	47,128	48,726	103.4	15	-	-	0.0	-
YES	L-5235-OR	G	NO	34060	.09/08/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,993	13,003	162.7	3	-	-	0.0	-
YES	L-6200-OR	H	NO	34060	.10/13/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,667	4,131	154.9	1	-	-	0.0	-
YES	L-6201-OR	I	NO	34060	.10/13/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,308	1,369	18.7	2	-	-	0.0	-
YES	L-6202-OR	J	NO	34060	.10/13/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	560,110	324,637	58.0	166	-	-	0.0	-
YES	LOYAL-MS-AA-B-OR	B	NO	34060	.06/10/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	1,850	1,199	64.8	2
YES	LOYAL-MS-AA-C-OR	C	NO	34060	.06/10/2010				Modernized Medicare Supplement Insurance Plan	47,360	61,467	129.8	15	22,150	13,031	58.8	11
YES	LOYAL-MS-AA-D-OR	D	NO	34060	.06/10/2010				Modernized Medicare Supplement Insurance Plan	17,727	15,244	86.0	7	19,678	15,296	77.7	10
YES	LOYAL-MS-AA-F-OR	F	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	1,269,929	1,093,935	86.1	500	1,712,947	1,277,673	74.6	1,023
YES	LOYAL-MS-AA-G-OR	G	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	151,832	90,702	59.7	70	1,299,703	1,028,440	79.1	1,262
YES	LOYAL-MS-AA-N-OR	N	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	178,456	156,123	87.5	99	606,990	536,130	88.3	494
0199999.	Total Policy Experience on Individual Policies									2,292,542	1,809,705	78.9	879	3,663,318	2,871,769	78.4	2,802

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 7 3 6 0 3 9 1 0 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-PA	A	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,101	2,562	121.9	-	-	-	0.0	-
YES	L-5232-PA	C	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,795	4,074	37.7	3	-	-	0.0	-
YES	L-5233-PA	D	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	45,941	51,032	111.1	13	-	-	0.0	-
YES	L-5234-PA	F	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	148,542	124,744	84.0	44	-	-	0.0	-
YES	L-5235-PA	G	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,160	7,693	40.2	6	-	-	0.0	-
YES	LOYAL-MS-AA-C-PA	C	NO	34060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	6,690	12,339	184.4	2	8	(144)	(1,800.0)	-
YES	LOYAL-MS-AA-D-PA	D	NO	34060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	4,626	3,883	83.9	2	4,496	5,349	119.0	2
YES	LOYAL-MS-AA-F-PA	F	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	185,147	172,711	93.3	65	1,678,767	988,434	58.9	524
YES	LOYAL-MS-AA-G-PA	G	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	26,405	42,959	162.7	10	426,140	255,142	59.9	144
YES	LOYAL-MS-AA-N-PA	N	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	29,518	27,244	92.3	14	699,250	441,738	63.2	317
0199999.	Total Policy Experience on Individual Policies									478,925	449,241	93.8	159	2,808,661	1,690,519	60.2	987

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5234-SC	F	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	223,437	174,016	77.9	75	-	-	0.0	-
YES	L-5235-SC	G	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	53,745	34,867	64.9	20	-	-	0.0	-
YES	L-6200-SC	H	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	33,400	19,855	59.4	10	-	-	0.0	-
YES	L-6201-SC	I	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	62,240	22,833	36.7	21	-	-	0.0	-
YES	L-6202-SC	J	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,711,969	1,191,659	69.6	514	-	-	0.0	-
YES	LOYAL-MS-AA-C-SC	C	NO	34000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	3,058	716	23.4	1	7,988	3,655	45.8	4
YES	LOYAL-MS-AA-D-SC	D	NO	34000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	14,858	14,990	100.9	6	3,883	1,213	31.2	2
YES	LOYAL-MS-AA-F-SC	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,327,451	1,064,982	80.2	463	1,666,407	1,361,865	81.7	686
YES	LOYAL-MS-AA-G-SC	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	337,831	218,860	64.8	132	369,690	208,764	56.5	163
YES	LOYAL-MS-AA-N-SC	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	89,260	65,199	73.0	48	228,146	154,536	67.7	127
0199999.	Total Policy Experience on Individual Policies									3,857,249	2,807,977	72.8	1,290	2,276,114	1,730,033	76.0	982

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6202-SD	J	NO	34060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	479,597	259,680	54.1	153	-	-	0.0	-
YES	LOYAL-MS-AA-A-SD	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,173	1,213	55.8	1	-	-	0.0	-
YES	LOYAL-MS-AA-F-SD	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	253,840	249,005	98.1	91	109,220	95,330	87.3	49
YES	LOYAL-MS-AA-G-SD	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,196	6,775	66.4	5	7,573	6,747	89.1	4
YES	LOYAL-MS-AA-N-SD	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	2,557	4,682	183.1	1
0199999.	Total Policy Experience on Individual Policies									745,806	516,673	69.3	250	119,350	106,759	89.5	54

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-TN	C	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,342	2,002	85.5	-	-	-	0.0	-
YES	L-5233-TN	D	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8	2,321	29,012.5	-	-	-	0.0	-
YES	L-5234-TN	F	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	135,446	79,272	58.5	35	-	-	0.0	-
YES	L-5235-TN	G	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	30,320	11,361	37.5	8	-	-	0.0	-
YES	LOYAL-MS-AA-B-TN	B	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,225	8,541	137.2	1	12,276	4,839	39.4	6
YES	LOYAL-MS-AA-C-TN	C	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,419	1,909	55.8	1	9,815	6,756	68.8	4
YES	LOYAL-MS-AA-D-TN	D	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	25,418	44,951	176.8	4	22,661	8,398	37.1	10
YES	LOYAL-MS-AA-F-TN	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	594,011	467,546	78.7	181	6,009,146	4,318,698	71.9	2,319
YES	LOYAL-MS-AA-G-TN	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	91,898	87,001	94.7	32	761,296	622,212	81.7	334
YES	LOYAL-MS-AA-N-TN	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	27,966	51,225	183.2	15	908,285	647,506	71.3	518
0199999.	Total Policy Experience on Individual Policies									917,053	756,129	82.5	277	7,723,479	5,608,409	72.6	3,191

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5230-TX	A	NO	34060	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,958	12,880	67.9	4	-	-	0.0	-
YES	L-5231-TX	B	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	415	1,231	296.6	-	-	-	0.0	-
YES	L-5232-TX	C	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,661	3,937	33.8	3	-	-	0.0	-
YES	L-5233-TX	D	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,314	4,230	24.4	4	-	-	0.0	-
YES	L-5234-TX	F	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,554,414	1,027,073	66.1	416	-	-	0.0	-
YES	L-5235-TX	G	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	223,378	183,069	82.0	61	-	-	0.0	-
YES	L-5330-TX	B	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,083	116	5.6	1	-	-	0.0	-
YES	L-5332-TX	D	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,500	1,163	46.5	1	-	-	0.0	-
YES	L-5333-TX	F	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,900	12,225	123.5	3	-	-	0.0	-
YES	L-5334-TX	G	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,551	51,180	123.2	14	-	-	0.0	-
YES	L-6200-TX	H	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	689,705	616,383	89.4	203	-	-	0.0	-
YES	L-6201-TX	I	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,035,988	880,176	85.0	317	-	-	0.0	-
YES	L-6202-TX	J	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,676,422	3,756,992	66.2	1,379	-	-	0.0	-
YES	LOYAL-MS-AA-A-TX	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	104,052	155,137	149.1	24	93,573	60,084	64.2	23
YES	LOYAL-MS-AA-B-TX	B	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	4,905	4,266	87.0	2	-	-	0.0	-
YES	LOYAL-MS-AA-C-TX	C	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	5,818	2,448	42.1	2	1,797	558	31.1	-

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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
.....YES.....	LOYAL-MS-AA-D-TX	D.....	.....NO.....	....34000.....	.08/05/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	31,060	44,872	.....144.5	11	-	-	.....0.0	- .....
.....YES.....	LOYAL-MS-AA-F-TX.	F.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	3,502,914	2,943,801	.....84.0	1,125	651,045	523,533	.....80.4	239
.....YES.....	LOYAL-MS-AA-G-TX	G.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	872,280	772,503	.....88.6	352	861,052	630,778	.....73.3	406
.....YES.....	LOYAL-MS-AA-N-TX	N.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	259,344	239,747	.....92.4	128	994,559	817,674	.....82.2	540
0199999.	Total Policy Experience on Individual Policies.....									14,064,662	10,713,429	.....76.2	4,050	2,602,026	2,032,627	.....78.1	1,208

360.1

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6200-UT	H	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,985	41	1.4	1	-	-	0.0	-
YES	L-6202-UT	J	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	239,159	146,655	61.3	67	-	-	0.0	-
YES	LOYAL-MS-AA-F-UT	F	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	149,880	95,146	63.5	55	108,638	43,053	39.6	42
YES	LOYAL-MS-AA-G-UT	G	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	17,383	13,069	75.2	8	29,337	19,560	66.7	14
YES	LOYAL-MS-AA-N-UT	N	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	9,611	4,556	47.4	6	139,333	93,589	67.2	80
0199999.	Total Policy Experience on Individual Policies									419,018	259,467	61.9	137	277,308	156,202	56.3	136

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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.....	LOYAL-MS-AA-F-VA	F.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	163,750	106,909	.....65.3	63	475,820	364,951	.....76.7	198
.....YES.....	LOYAL-MS-AA-G-VA	G.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	72,918	71,531	.....98.1	32	130,499	88,571	.....67.9	62
.....YES.....	LOYAL-MS-AA-N-VA	N.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	5,052	2,876	.....56.9	2	14,725	26,915	.....182.8	9
0199999.	Total Policy Experience on Individual Policies.....									241,720	181,316	.....75.0	97	621,044	480,437	.....77.4	269

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-CR-F-VT	F	NO	34060	.06/18/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	476,155	399,795	84.0	269
YES	LOYAL-MS-CR-G-VT	G	NO	34060	.06/18/2013				Modernized Medicare Supplement Insurance Plan	7,057	770	10.9	3	273,610	214,238	78.3	162
YES	LOYAL-MS-CR-N-VT	N	NO	34060	.06/18/2013				Modernized Medicare Supplement Insurance Plan	1,606	577	35.9	1	170,323	120,053	70.5	119
YES	LOYAL-MSD-CR-F-VT	F	NO	204060	.07/25/2013				Modernized Medicare Supplement Insurance Plan	6,600	2,156	32.7	3	26,982	14,872	55.1	13
YES	LOYAL-MSD-CR-G-VT	G	NO	204060	.07/25/2013				Modernized Medicare Supplement Insurance Plan	2,015	7,525	373.4	1	28,774	7,992	27.8	17
YES	LOYAL-MSD-CR-N-VT	N	NO	204060	.07/25/2013				Modernized Medicare Supplement Insurance Plan	4,121	1,423	34.5	2	18,524	6,019	32.5	13
0199999.	Total Policy Experience on Individual Policies									21,399	12,451	58.2	10	994,368	762,969	76.7	593

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	LOYAL-MS-CR-F-WA	F	NO	34000	.06/20/2013				Modernized Medicare Supplement Insurance Plan	2,578	1,248	48.4	1	350,199	312,668	89.3	208
YES	LOYAL-MS-CR-G-WA	G	NO	34000	.06/20/2013				Modernized Medicare Supplement Insurance Plan	9,506	6,986	73.5	5	4,775,495	4,021,990	84.2	4,313
YES	LOYAL-MS-CR-N-WA	N	NO	34000	.06/20/2013				Modernized Medicare Supplement Insurance Plan	9,369	1,496	16.0	6	1,603,274	1,113,138	69.4	1,512
YES	LOYAL-MSD-CR-F-W	F	NO	204000	.08/21/2013				Modernized Medicare Supplement Insurance Plan	17,556	15,929	90.7	7	211,687	173,160	81.8	114
YES	LOYAL-MSD-CR-G-W	G	NO	204000	.08/21/2013				Modernized Medicare Supplement Insurance Plan	21,994	12,682	57.7	12	987,962	851,911	86.2	855
YES	LOYAL-MSD-CR-N-W	N	NO	204000	.08/21/2013				Modernized Medicare Supplement Insurance Plan	20,853	22,598	108.4	13	343,525	227,653	66.3	345
0199999.	Total Policy Experience on Individual Policies									81,856	60,939	74.4	44	8,272,142	6,700,520	81.0	7,347

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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.....	L-5220-WI.....	O.....	.....NO.....	....34060.....	.04/23/2004	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	108,597	41,023	.....37.8	22	-	-	.....0.0	- .....
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.09/30/2016	Modernized Medicare Supplement Insurance Plan	188,709	189,347	.....100.3	66	43,381	17,701	.....40.8	17
0199999.	Total Policy Experience on Individual Policies.....									297,306	230,370	.....77.5	88	43,381	17,701	.....40.8	17

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 7 3 6 0 4 9 1 0 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-5232-WV	C	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,521	1,465	41.6	1	-	-	0.0	-
YES	L-5234-WV	F	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,997	36,776	167.2	5	-	-	0.0	-
YES	L-5235-WV	G	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,325	160	4.8	1	-	-	0.0	-
YES	L-6202-WV	J	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	167,526	96,857	57.8	49	-	-	0.0	-
YES	LOYAL-MS-AA-D-WV	D	NO	34000	06/23/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,365	577	24.4	1	-	-	0.0	-
YES	LOYAL-MS-AA-F-WV	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	38,059	18,297	48.1	13	232,523	188,448	81.0	87
YES	LOYAL-MS-AA-G-WV	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	37,870	16,302	43.0	17
YES	LOYAL-MS-AA-N-WV	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,391	2,337	36.6	3	87,468	52,942	60.5	45
0199999.	Total Policy Experience on Individual Policies									243,184	156,469	64.3	73	357,861	257,692	72.0	149

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

GENERAL INTERROGATORIES

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

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....C. Seth Lester

NAIC Company Code.....65722

Title.....Actuarial Specialist.....Telephone Number.....(512)531-1544

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	L-6202-WY	J	NO	34060	08/27/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	122,952	116,935	95.1	37	-	-	0.0	-
YES	LOYAL-MS-AA-F-WY	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	59,596	42,530	71.4	22	42,688	30,197	70.7	17
YES	LOYAL-MS-AA-G-WY	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	0.0	-	14,422	22,106	153.3	7
YES	LOYAL-MS-AA-N-WY	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,446	3,758	44.5	5	28,190	19,057	67.6	17
0199999.	Total Policy Experience on Individual Policies									190,994	163,223	85.5	64	85,300	71,360	83.7	41

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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".

Supplement for the year 2017 of the **Loyal American Life Insurance Company**

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: 0901 ($000 Omitted Except for Number of Policies) NAIC Company Code: 65722

		Prior Year	Current Year													
					Section A					Section B				Section C		
		1 Reported Reserve	2 Reported Reserve	3 Deferred Premium Asset	4 Net Premium Reserve	5 Deterministic Reserve	6 Stochastic Reserve	7 Number of Policies	8 Face Amount	9 Net Premium Reserve	10 Deterministic Reserve	11 Number of Policies	12 Face Amount	13 Net Premium Reserve	14 Number of Policies	15 Face Amount
1.	Post-Reinsurance-Ceded Reserve															
	1.1 Term Life Insurance							XXX	XXX			XXX	XXX	XXX	XXX	XXX
	1.2 Universal Life with Secondary Guarantee							XXX	XXX			XXX	XXX		XXX	XXX
	1.3 Non-participating Whole Life							XXX	XXX			XXX	XXX		XXX	XXX
	1.4 Participating Whole Life							XXX	XXX			XXX	XXX		XXX	XXX
	1.5 Universal Life without Secondary Guarantee							XXX	XXX			XXX	XXX		XXX	XXX
	1.6 Variable Universal Life							XXX	XXX			XXX	XXX		XXX	XXX
	1.7 Variable Life							XXX	XXX			XXX	XXX		XXX	XXX
	1.8 Indexed Life							XXX	XXX			XXX	XXX		XXX	XXX
	1.9 Aggregate write-ins for other products	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
2.	Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	Pre-Reinsurance-Ceded Reserves															
	3.1 Term Life Insurance													XXX		
	3.2 Universal Life with Secondary Guarantee															
	3.3 Non-participating Whole Life															
	3.4 Participating Whole Life															
	3.5 Universal Life without Secondary Guarantee															
	3.6 Variable Universal Life															
	3.7 Variable Life															
	3.8 Indexed Life															
	3.9 Aggregate write-ins for other products	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	Total Reserves Ceded (Line 4 minus Line 2)	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	DETAILS OF WRITE-INS															
1.901								XXX	XXX			XXX	XXX		XXX	XXX
1.902								XXX	XXX			XXX	XXX		XXX	XXX
1.903								XXX	XXX			XXX	XXX		XXX	XXX
1.998	Summ. of remaining write-ins for Line 1.9 from overflow	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
1.999	Totals (Lines 1.901 thru 1.903 + 1.998) (Line 1.9 above)	0	0	0	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
3.901																
3.902																
3.903																
3.998	Summ. of remaining write-ins for Line 3.9 from overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.999	Totals (Lines 3.901 thru 3.903 + 3.998) (Line 3.9 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

Supplement for the year 2017 of the **Loyal 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						
1.4 Participating Whole Life			18	18	2,208	19,989
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	18	18	2,208	19,989
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 1)

Of The.....Loyal American Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....65722 Employer's ID Number.....63-0343428

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	2	3	4	5
	2013	2014	2015	2016	2017 (a)
1. Prior	1,806	1,860	1,939	1,983	2,002
2. 2013	2,406	3,158	3,174	3,175	3,175
3. 2014	XXX	7,226	7,633	7,694	7,694
4. 2015	XXX	XXX	1,584	1,779	1,845
5. 2016	XXX	XXX	XXX	1,016	1,357
6. 2017	XXX	XXX	XXX	XXX	1,222

Section B - Other Accident and Health

1. Prior	275,946	283,890	291,367	297,115	302,294
2. 2013	145,910	166,098	167,394	168,138	168,664
3. 2014	XXX	121,870	140,719	142,311	142,861
4. 2015	XXX	XXX	153,878	175,666	177,092
5. 2016	XXX	XXX	XXX	155,202	178,580
6. 2017	XXX	XXX	XXX	XXX	172,455

Section C - Credit Accident and Health

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX	606		
5. 2016	XXX	XXX	XXX	632	
6. 2017	XXX	XXX	XXX	XXX	601

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2013	2014	2015	2016	2017
1. 2013	3,229	3,233	3,175	XXX	XXX
2. 2014	XXX	7,993	7,662	7,724	XXX
3. 2015	XXX	XXX	2,190	1,835	1,874
4. 2016	XXX	XXX	XXX	1,586	1,409
5. 2017	XXX	XXX	XXX	XXX	1,759

Section B - Other Accident and Health

1. 2013	165,982	170,250	168,097	XXX	XXX
2. 2014	XXX	146,628	142,064	143,446	XXX
3. 2015	XXX	XXX	182,934	177,856	178,180
4. 2016	XXX	XXX	XXX	184,510	180,900
5. 2017	XXX	XXX	XXX	XXX	207,362

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013	3,229	3,233	3,175		
2. 2014	XXX	7,993	7,662	7,724	
3. 2015	XXX	XXX	2,190	1,835	1,874
4. 2016	XXX	XXX	XXX	1,586	1,409
5. 2017	XXX	XXX	XXX	XXX	1,763

Section B - Other Accident and Health

1. 2013	165,982	170,250	168,097		
2. 2014	XXX	146,628	142,064	143,446	
3. 2015	XXX	XXX	183,540	177,856	178,180
4. 2016	XXX	XXX	XXX	185,069	180,900
5. 2017	XXX	XXX	XXX	XXX	207,963

Section C - Credit Accident and Health

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

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life	None	
2. Ordinary life	Standard Factor	502
3. Individual annuity	None	
4. Supplementary contracts	None	
5. Credit life	None	
6. Group life	None	
7. Group annuities	None	
8. Group accident and health	Development	637
9. Credit accident and health	None	
10. Other accident and health	Development	48,827
11. Total		49,966

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2017 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK