



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084

(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized..... December 20, 1956

Statutory Home Office

NAIC Company Code..... 67083

Employer's ID Number..... 45-0252531

State of Domicile or Port of Entry OH

Country of Domicile US

Commenced Business..... January 4, 1957

Main Administrative Office

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

513-357-3300

(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

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

513-357-3300

(Area Code) (Telephone Number)

Internet Web Site Address

301 East Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, Country and Zip Code)
www.gaig.com
Robert Mayhew Earle II
(Name)
rearle@gaiig.com
(E-Mail Address)

513-412-1735

(Area Code) (Telephone Number) (Extension)

513-412-1673

(Fax Number)

Statutory Statement Contact

OFFICERS

Name
1. Stephen Craig Lindner
3. Christopher Patrick Milano

Title
President
Treasurer

Name
2. Mark Francis Muething
4. Michael Joseph Lesar

Title
Secretary
Appointed Actuary

John Paul Gruber
Brian Patrick Sponaugle

Senior Vice President
Vice President

Adrienne Susan Baglier

Senior Vice President

OTHER

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

DIRECTORS OR TRUSTEES

John Paul Gruber
Mark Francis Muething

Jeffrey Gene Hester
Michael James Prager

Stephen Craig Lindner
Brian Patrick Sponaugle

Christopher Patrick Milano

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)
Mark Francis Muething
1. (Printed Name)
Secretary
(Title)

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

(Signature)
John Paul Gruber
3. (Printed Name)
Senior Vice President
(Title)

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

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

Yes [X] No []



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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		4,862				4,862
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX			0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		4,862	0	0	0	4,862
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....						0
10. Matured endowments.....						0
11. Annuity benefits.....		1,115				1,115
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.....		1,115	0	0	0	1,115

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.16	1,958,937	(a)						.16	1,958,937
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.5)	(902,783)							(.5)	(902,783)
23. In force December 31 of current year.....	.11	1,056,154	0	(a)	0	0	0	0	.11	1,056,154

(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 Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		19,113				19,113
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		19,113	0	0	0	19,113
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		16				16
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		16	0	0	0	16
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).....		16	0	0	0	16
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		10,500				10,500
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		10,500	0	0	0	10,500

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	10,500							2	10,500
Settled during current year:										
18.1 By payment in full.....	2	10,500							2	10,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	10,500	0	0	0	0	0	0	2	10,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	10,500	0	0	0	0	0	0	2	10,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	22	3,201,454	(a)						22	3,201,454
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(205,004)							0	(205,004)
23. In force December 31 of current year.....	22	2,996,450	0 (a)	0	0	0	0	0	22	2,996,450

(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 **ALABAMA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		65,366				65,366
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		65,366	0	0	0	65,366
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		35,000				35,000
10. Matured endowments.....						0
11. Annuity benefits.....		5,101				5,101
12. Surrender values and withdrawals for life contracts.....		17,319				17,319
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.....		57,420	0	0	0	57,420

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	285,000							3	285,000
Settled during current year:										
18.1 By payment in full.....	2	35,000							2	35,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	35,000	0	0	0	0	0	0	2	35,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	35,000	0	0	0	0	0	0	2	35,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	250,000	0	0	0	0	0	0	1	250,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	.68	5,605,594	(a)						.68	5,605,594
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.7)	(1,459,619)							(.7)	(1,459,619)
23. In force December 31 of current year.....	.61	4,145,975	0	(a)	0	0	0	0	.61	4,145,975

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
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 **ARKANSAS** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		191,774				191,774
2. Annuity considerations.....		500				500
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		192,274	0	0	0	192,274
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		.9				9
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).....		.9	0	0	0	9
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).....		.9	0	0	0	9
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		400,000				400,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....		31,702				31,702
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.....		431,702	0	0	0	431,702

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	400,000							3	400,000
Settled during current year:										
18.1 By payment in full.....	3	400,000							3	400,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	400,000	0	0	0	0	0	0	3	400,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	400,000	0	0	0	0	0	0	3	400,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	147	16,482,848	(a)						147	16,482,848
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(27)	(5,420,758)	0	(a)	0	0	0	0	(27)	(5,420,758)
23. In force December 31 of current year.....	120	11,062,090	0	(a)	0	0	0	0	120	11,062,090

(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.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		192,640				192,640
2. Annuity considerations.....		400				400
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		193,040	0	0	0	193,040
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		101				101
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		64				64
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		165	0	0	0	165
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).....		165	0	0	0	165
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		320,613				320,613
10. Matured endowments.....						0
11. Annuity benefits.....		21,103				21,103
12. Surrender values and withdrawals for life contracts.....		87,241				87,241
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.....		428,957	0	0	0	428,957

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0						0	0	0
17. Incurred during current year.....	8	320,613						8	320,613	
Settled during current year:										
18.1 By payment in full.....	8	320,613						8	320,613	
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	8	320,613	0	0	0	0	0	8	320,613	
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	8	320,613	0	0	0	0	0	8	320,613	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	261	34,009,123	(a)					261	34,009,123	
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(66)	(13,326,571)						(66)	(13,326,571)	
23. In force December 31 of current year.....	195	20,682,552	0	(a)	0	0	0	195	20,682,552	

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.2,273,936				.2,273,936
2. Annuity considerations.....		2,427				2,427
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.2,276,363	.0	.0	.0	.2,276,363
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		1,245				1,245
6.2 Applied to pay renewal premiums.....		.60				.60
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		.52				.52
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		1,357	.0	.0	.0	1,357
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).....		1,357	.0	.0	.0	1,357
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		.3,014,011				.3,014,011
10. Matured endowments.....						0
11. Annuity benefits.....		.71,564				.71,564
12. Surrender values and withdrawals for life contracts.....		.603,756				.603,756
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		.0	.0	.0	.0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		.3,689,331	.0	.0	.0	.3,689,331

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	13	1,276,101							13	1,276,101
17. Incurred during current year.....	35	1,883,387							35	1,883,387
Settled during current year:										
18.1 By payment in full.....	39	3,014,011							39	3,014,011
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	39	3,014,011	.0	0	.0	0	0	.0	39	3,014,011
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	39	3,014,011	.0	0	.0	0	0	.0	39	3,014,011
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	145,477	.0	0	.0	0	0	.0	9	145,477
POLICY EXHIBIT										
20. In force December 31, prior year.....	2,279	339,371,712	(a).....						2,279	339,371,712
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(611)	(123,528,533)							(611)	(123,528,533)
23. In force December 31 of current year.....	1,668	215,843,179	0 (a).....	0	0	0	0	0	1,668	215,843,179

(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 **CANADA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		2,439				2,439
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		2,439	0	0	0	2,439
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....						0
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		0	0	0	0	0

DETAILS OF WRITE-INS

1301.....									0
1302.....									0
1303.....									0
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0	0		0		0		0
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
<i>Settled during current year:</i>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....					No. of Pol.					0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.248,944				.248,944
2. Annuity considerations.....		500				500
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.249,444	0	0	0	.249,444
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		112				112
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).....		112	0	0	0	112
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).....		112	0	0	0	112
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		.437,500				.437,500
10. Matured endowments.....						0
11. Annuity benefits.....		.88,490				.88,490
12. Surrender values and withdrawals for life contracts.....		.48,701				.48,701
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.....		.574,691	0	0	0	.574,691

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	.39							1	.39
17. Incurred during current year.....	7	462,500							7	462,500
Settled during current year:										
18.1 By payment in full.....	6	437,500							6	437,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	437,500	0	0	0	0	0	0	6	437,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	437,500	0	0	0	0	0	0	6	437,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	.25,039	0	0	0	0	0	0	2	.25,039
POLICY EXHIBIT										
20. In force December 31, prior year.....	353	.43,215,563	(a)						353	.43,215,563
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(92)	(18,187,845)							(92)	(18,187,845)
23. In force December 31 of current year.....	261	.25,027,718	0	(a)	0	0	0	0	261	.25,027,718

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

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		122,897				122,897
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		122,897	0	0	0	122,897
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		14				14
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		9				9
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		23	0	0	0	23
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).....		23	0	0	0	23
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		289				289
10. Matured endowments.....		5,000				5,000
11. Annuity benefits.....		70,327				70,327
12. Surrender values and withdrawals for life contracts.....		11,346				11,346
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.....		86,962	0	0	0	86,962

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,289							1	5,289
Settled during current year:										
18.1 By payment in full.....	1	5,289							1	5,289
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,289	0	0	0	0	0	0	1	5,289
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,289	0	0	0	0	0	0	1	5,289
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT										
20. In force December 31, prior year.....	142	21,998,553	(a)						142	21,998,553
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(33)	(8,452,106)	0	(a)	0	0	0	0	(33)	(8,452,106)
23. In force December 31 of current year.....	109	13,546,447	0	(a)	0	0	0	0	109	13,546,447

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		35,840				35,840
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		35,840	0	0	0	35,840
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
ANNUITIES:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		60,000				60,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....		13,233				13,233
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.....		73,233	0	0	0	73,233

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	60,000							2	60,000
Settled during current year:										
18.1 By payment in full.....	2	60,000							2	60,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	60,000	0	0	0	0	0	0	2	60,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	60,000	0	0	0	0	0	0	2	60,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	31	3,065,558	(a)						31	3,065,558
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(469,048)	0	(a)	0	0	0	0	(5)	(469,048)
23. In force December 31 of current year.....	26	2,596,510	0	(a)	0	0	0	0	26	2,596,510

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		37,122				37,122
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		37,122	0	0	0	37,122
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		100,000				100,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		100,000	0	0	0	100,000

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full.....	1	100,000							1	100,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	100,000	0	0	0	0	0	0	1	100,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	100,000	0	0	0	0	0	0	1	100,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.35	5,417,159	(a)						.35	5,417,159
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.3)	(1,050,000)							(.3)	(1,050,000)
23. In force December 31 of current year.....	.32	4,367,159	0	(a)	0	0	0	0	.32	4,367,159

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.959,009				.959,009
2. Annuity considerations.....	2,743				2,743
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.961,752	0	0	0	.961,752
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.47				.47
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	15				15
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.62	0	0	0	.62
Annuites:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	.62	0	0	0	.62
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	.2,790,054				.2,790,054
10. Matured endowments.....					0
11. Annuity benefits.....	.50,461				.50,461
12. Surrender values and withdrawals for life contracts.....	.236,353				.236,353
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	.3,076,868	0	0	0	.3,076,868

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	9	.735,232							9	.735,232
17. Incurred during current year.....	27	2,388,194							27	2,388,194
Settled during current year:										
18.1 By payment in full.....	28	.2,790,054							28	.2,790,054
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	28	.2,790,054	0	0	0	0	0	0	28	.2,790,054
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	28	.2,790,054	0	0	0	0	0	0	28	.2,790,054
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	.333,373	0	0	0	0	0	0	8	.333,373
POLICY EXHIBIT										
20. In force December 31, prior year.....	.984	.130,715,918	(a)						.984	.130,715,918
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(211)	(41,295,183)							(211)	(41,295,183)
23. In force December 31 of current year.....	.773	.89,420,735	0	(a)	0	0	0	0	.773	.89,420,735

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	107,553	107,569		144,071	.255,233
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	107,553	107,569	0	144,071	.255,233
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	107,553	107,569	0	144,071	.255,233

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.583,159				.583,159
2. Annuity considerations.....		2,300				2,300
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.585,459	0	0	0	.585,459
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.....		.46				.46
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		.46	0	0	0	.46
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		.46	0	0	0	.46
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		.393,297				.393,297
10. Matured endowments.....						0
11. Annuity benefits.....		.22,039				.22,039
12. Surrender values and withdrawals for life contracts.....		.237,724				.237,724
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.....		.653,060	0	0	0	.653,060

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	110,297							3	110,297
17. Incurred during current year.....	18	315,500							18	315,500
Settled during current year:										
18.1 By payment in full.....	17	393,297							17	393,297
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	393,297	0	0	0	0	0	0	17	393,297
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	393,297	0	0	0	0	0	0	17	393,297
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	32,500	0	0	0	0	0	0	4	32,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	715	.65,652,223	(a)						715	.65,652,223
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(115)	(18,779,548)	0	(a)	0	0	0	0	(115)	(18,779,548)
23. In force December 31 of current year.....	600	.46,872,675	0	(a)	0	0	0	0	600	.46,872,675

(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 GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		16,705,873				16,705,873
2. Annuity considerations.....		101,678				101,678
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		16,807,551	0	0	0	16,807,551
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		58,505				58,505
6.2 Applied to pay renewal premiums.....		3,210				3,210
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		1,504				1,504
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		63,219	0	0	0	63,219
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		63,219	0	0	0	63,219
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		29,066,814				29,066,814
10. Matured endowments.....		13,600				13,600
11. Annuity benefits.....		1,799,159				1,799,159
12. Surrender values and withdrawals for life contracts.....		4,026,265				4,026,265
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.....		34,905,838	0	0	0	34,905,838

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	126	5,392,166							126	5,392,166
17. Incurred during current year.....	589	26,911,545							589	26,911,545
Settled during current year:										
18.1 By payment in full.....	599	29,080,414							599	29,080,414
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	599	29,080,414	0	0	0	0	0	0	599	29,080,414
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	3	33,840							3	33,840
18.6 Total settlements.....	602	29,114,254	0	0	0	0	0	0	602	29,114,254
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	113	3,189,457	0	0	0	0	0	0	113	3,189,457
POLICY EXHIBIT										
20. In force December 31, prior year.....	23,535	2,232,779,274	(a).....						23,535	2,232,779,274
21. Issued during year.....	2	85,000							2	85,000
22. Other changes to in force (Net).....	(3,773)	(626,773,786)							(3,773)	(626,773,786)
23. In force December 31 of current year.....	19,764	1,606,090,488	0 (a).....	0	0	0	0	0	19,764	1,606,090,488

(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).....		6,658	6,634			243
25.2 Guaranteed renewable (b).....		107,553	107,569		144,071	255,233
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).....		114,211	114,203	0	144,071	255,476
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		114,211	114,203	0	144,071	255,476

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

DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		62,054				62,054
2. Annuity considerations.....		135				135
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		62,189	0	0	0	62,189
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....		17				17
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).....		17	0	0	0	17
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		17	0	0	0	17
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		850,000				850,000
10. Matured endowments.....						0
11. Annuity benefits.....		1,200				1,200
12. Surrender values and withdrawals for life contracts.....		86,954				86,954
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		938,154	0	0	0	938,154

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	850,000							4	850,000
Settled during current year:										
18.1 By payment in full.....	4	850,000							4	850,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	850,000	0	0	0	0	0	0	4	850,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	850,000	0	0	0	0	0	0	4	850,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	64	7,660,737	(a)						.64	7,660,737
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(2,767,237)							(15)	(2,767,237)
23. In force December 31 of current year.....	49	4,893,500	(a)	0	0	0	0	0	.49	4,893,500

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		266,531				266,531
2. Annuity considerations.....		94				94
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		266,625	0	0	0	266,625
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		66				66
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		144				144
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		210	0	0	0	210
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).....		210	0	0	0	210
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,280,000				1,280,000
10. Matured endowments.....						0
11. Annuity benefits.....		18,648				18,648
12. Surrender values and withdrawals for life contracts.....		62,370				62,370
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.....		1,361,018	0	0	0	1,361,018

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	1,280,000							6	1,280,000
Settled during current year:										
18.1 By payment in full.....	6	1,280,000							6	1,280,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	1,280,000	0	0	0	0	0	0	6	1,280,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	1,280,000	0	0	0	0	0	0	6	1,280,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	288	22,409,641	(a)						288	22,409,641
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(29)	(1,309,465)							(29)	(1,309,465)
23. In force December 31 of current year.....	259	21,100,176	0	(a)	0	0	0	0	259	21,100,176

(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).....					
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).....		1,111	1,107		
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).....		1,111	1,107	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		1,111	1,107	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 **IDAHO** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		20,222				20,222
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		20,222	0	0	0	20,222
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		50				.50
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		45				.45
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		95	0	0	0	.95
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).....		95	0	0	0	.95
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....						0
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.44	4,158,829	(a).....						.44	4,158,829
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(13)	(1,994,156)	0	(a).....	0	0	0	0	(13)	(1,994,156)
23. In force December 31 of current year.....	.31	2,164,673	0	(a).....	0	0	0	0	.31	2,164,673

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		429,054				429,054
2. Annuity considerations.....		7,341				7,341
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		436,395	0	0	0	436,395
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		553				553
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		8				8
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		561	0	0	0	561
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).....		561	0	0	0	561
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		868,589				868,589
10. Matured endowments.....						0
11. Annuity benefits.....		568,240				568,240
12. Surrender values and withdrawals for life contracts.....		317,843				317,843
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.....		1,754,672	0	0	0	1,754,672

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	95,413							4	95,413
17. Incurred during current year.....	18	814,649							18	814,649
Settled during current year:										
18.1 By payment in full.....	18	868,589							18	868,589
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	18	868,589	0	0	0	0	0	0	18	868,589
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	18	868,589	0	0	0	0	0	0	18	868,589
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	41,473	0	0	0	0	0	0	4	41,473
POLICY EXHIBIT										
20. In force December 31, prior year.....	837	62,716,726	(a)						837	62,716,726
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(115)	(19,583,020)	0	(a)	0	0	0	0	(115)	(19,583,020)
23. In force December 31 of current year.....	722	43,133,706	0	(a)	0	0	0	0	722	43,133,706

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.514,011				.514,011
2. Annuity considerations.....		3,046				3,046
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.517,057	0	0	0	.517,057
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		3				3
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		3	0	0	0	3
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	0	0	0	3
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		.787,024				.787,024
10. Matured endowments.....						0
11. Annuity benefits.....		.19,338				.19,338
12. Surrender values and withdrawals for life contracts.....		.180,306				.180,306
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.....		.986,668	0	0	0	.986,668

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	16	.812,024							16	.812,024
Settled during current year:										
18.1 By payment in full.....	16	.812,024							16	.812,024
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	.812,024	0	0	0	0	0	0	16	.812,024
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	.812,024	0	0	0	0	0	0	16	.812,024
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	796	.53,322,829	(a)						796	.53,322,829
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(76)	-(8,205,904)							(76)	-(8,205,904)
23. In force December 31 of current year.....	720	.45,116,925	0	(a) 0	0	0	0	0	720	.45,116,925

(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).....	304	303			243
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).....	304	303	0	0	243
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	304	303	0	0	243

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.223,245				.223,245
2. Annuity considerations.....		2,848				2,848
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.226,093	.0	.0	.0	.226,093
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		.8				.8
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).....		.8	.0	.0	.0	.8
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).....		.8	.0	.0	.0	.8
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		.1,100,793				.1,100,793
10. Matured endowments.....						0
11. Annuity benefits.....		3,000				3,000
12. Surrender values and withdrawals for life contracts.....		9,261				9,261
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.....		.1,113,054	.0	.0	.0	.1,113,054

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	9	1,115,793							9	1,115,793
Settled during current year:										
18.1 By payment in full.....	8	1,100,793							8	1,100,793
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	1,100,793	.0	0	0	0	0	0	8	1,100,793
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	1,100,793	.0	0	0	0	0	0	8	1,100,793
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	15,000	.0	0	0	0	0	0	1	15,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	214	32,308,339	(a)						214	32,308,339
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(42)	(7,762,264)							(42)	(7,762,264)
23. In force December 31 of current year.....	172	24,546,075	0	(a) 0	0	0	0	0	172	24,546,075

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		255,360				255,360
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		255,360	0	0	0	255,360
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.....		9				9
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		9	0	0	0	9
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		9	0	0	0	9
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		202,000				202,000
10. Matured endowments.....						0
11. Annuity benefits.....		27,129				27,129
12. Surrender values and withdrawals for life contracts.....		23,149				23,149
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.....		252,278	0	0	0	252,278

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	8	157,000							8	157,000
Settled during current year:										
18.1 By payment in full.....	8	202,000							8	202,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	202,000	0	0	0	0	0	0	8	202,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	202,000	0	0	0	0	0	0	8	202,000
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										
20. In force December 31, prior year.....	199	25,565,334	(a)						199	25,565,334
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(41)	(7,211,380)	0	(a)	0	0	0	0	(41)	(7,211,380)
23. In force December 31 of current year.....	158	18,353,954	0	(a)	0	0	0	0	158	18,353,954

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		236,709				236,709
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		236,709	0	0	0	236,709
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....		84				84
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).....		84	0	0	0	84
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).....		84	0	0	0	84
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		32,230				32,230
10. Matured endowments.....		3,500				3,500
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....		21,906				21,906
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.....		57,636	0	0	0	57,636

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	22,230							4	22,230
17. Incurred during current year.....	2	13,500							2	13,500
Settled during current year:										
18.1 By payment in full.....	6	35,730							6	35,730
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	35,730	0	0	0	0	0	0	6	35,730
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	35,730	0	0	0	0	0	0	6	35,730
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	243	27,256,257	(a)						243	27,256,257
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(60)	(9,300,947)							(60)	(9,300,947)
23. In force December 31 of current year.....	184	18,005,310	0	(a)	0	0	0	0	184	18,005,310

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		433,452				433,452
2. Annuity considerations.....		400				400
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		433,852	0	0	0	433,852
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
ANNUITIES:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		527,457				527,457
10. Matured endowments.....						0
11. Annuity benefits.....		4,741				4,741
12. Surrender values and withdrawals for life contracts.....		189,742				189,742
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.....		721,940	0	0	0	721,940

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	5,603							3	5,603
17. Incurred during current year.....	7	527,261							7	527,261
Settled during current year:										
18.1 By payment in full.....	8	527,457							8	527,457
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	527,457	0	0	0	0	0	0	8	527,457
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	527,457	0	0	0	0	0	0	8	527,457
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	5,407	0	0	0	0	0	0	2	5,407
POLICY EXHIBIT										
20. In force December 31, prior year.....	.545	69,565,657	(a)						.545	69,565,657
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(112)	(23,540,236)							(112)	(23,540,236)
23. In force December 31 of current year.....	.433	46,025,421	0	(a) 0	0	0	0	0	.433	46,025,421

(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 **MARYLAND** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		544,835				544,835
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		544,835	0	0	0	544,835
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		12				12
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).....		12	0	0	0	12
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).....		12	0	0	0	12
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		365,065				365,065
10. Matured endowments.....						0
11. Annuity benefits.....		2,928				2,928
12. Surrender values and withdrawals for life contracts.....		84,445				84,445
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.....		452,438	0	0	0	452,438

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	100,169							3	100,169
17. Incurred during current year.....	8	515,074							8	515,074
Settled during current year:										
18.1 By payment in full.....	8	365,065							8	365,065
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	365,065	0	0	0	0	0	0	8	365,065
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	365,065	0	0	0	0	0	0	8	365,065
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	250,178	0	0	0	0	0	0	3	250,178
POLICY EXHIBIT										
20. In force December 31, prior year.....	531	69,679,846	(a)						531	69,679,846
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(99)	(17,244,156)	0	(a)	0	0	0	0	(99)	(17,244,156)
23. In force December 31 of current year.....	432	52,435,690	0	(a)	0	0	0	0	432	52,435,690

(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 **MAINE** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		73,384				73,384
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		73,384	0	0	0	73,384
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.....		3				3
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		3	0	0	0	3
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		3	0	0	0	3
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		446,000				446,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....		17,809				17,809
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		463,809	0	0	0	463,809

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	200,000							1	200,000
17. Incurred during current year.....	3	246,000							3	246,000
Settled during current year:										
18.1 By payment in full.....	4	446,000							4	446,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	446,000	0	0	0	0	0	0	4	446,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	446,000	0	0	0	0	0	0	4	446,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	145	21,344,465	(a)						145	21,344,465
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(48)	(10,296,995)	0	(a)	0	0	0	0	(48)	(10,296,995)
23. In force December 31 of current year.....	97	11,047,470	0	(a)	0	0	0	0	97	11,047,470

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.565,957				.565,957
2. Annuity considerations.....		3,323				3,323
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.569,280	0	0	0	.569,280
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		40				40
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		40	0	0	0	40
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		40	0	0	0	40
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,543,844				1,543,844
10. Matured endowments.....						0
11. Annuity benefits.....		78,825				78,825
12. Surrender values and withdrawals for life contracts.....		264,768				264,768
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.....		1,887,437	0	0	0	1,887,437

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	14	74,260							14	74,260
17. Incurred during current year.....	88	1,536,785							88	1,536,785
<i>Settled during current year:</i>										
18.1 By payment in full.....	93	1,543,844							93	1,543,844
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	93	1,543,844	0	0	0	0	0	0	93	1,543,844
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	93	1,543,844	0	0	0	0	0	0	93	1,543,844
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	67,201	0	0	0	0	0	0	9	67,201
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,869	79,731,835	(a)						1,869	79,731,835
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(196)	(17,028,423)							(196)	(17,028,423)
23. In force December 31 of current year.....	1,673	62,703,412	0	(a)	0	0	0	0	1,673	62,703,412

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

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....						
24.1 Federal Employee Health Benefits Plan premium (b).....						
24.2 Credit (group and individual).....						
24.3 Collectively renewable policies (b).....						
24.4 Medicare Title XVIII exempt from state taxes or fees.....						
<i>Other Individual Policies:</i>						
25.1 Non-cancelable (b).....		842	839			
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).....		842	839	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		842	839	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 **MINNESOTA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		640,449				640,449
2. Annuity considerations.....		9,855				9,855
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		650,304	0	0	0	650,304
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		1,105				1,105
6.2 Applied to pay renewal premiums.....		40				40
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		173				173
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		1,318	0	0	0	1,318
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).....		1,318	0	0	0	1,318
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		541,855				541,855
10. Matured endowments.....						0
11. Annuity benefits.....		38,297				38,297
12. Surrender values and withdrawals for life contracts.....		76,729				76,729
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.....		656,881	0	0	0	656,881

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	45,450							3	45,450
17. Incurred during current year.....	15	496,855							15	496,855
Settled during current year:										
18.1 By payment in full.....	17	541,855							17	541,855
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	541,855	0	0	0	0	0	0	17	541,855
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	541,855	0	0	0	0	0	0	17	541,855
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	450	0	0	0	0	0	0	1	450
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,073	77,992,472	(a)						1,073	77,992,472
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(119)	(17,789,727)							(119)	(17,789,727)
23. In force December 31 of current year.....	.955	.60,212,745	0	(a)	0	0	0	0	.955	.60,212,745

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.555,209				.555,209
2. Annuity considerations.....		7,473				7,473
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.562,682	0	0	0	.562,682
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		.39				.39
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).....		.39	0	0	0	.39
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).....		.39	0	0	0	.39
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,572,725				1,572,725
10. Matured endowments.....						0
11. Annuity benefits.....		24,189				24,189
12. Surrender values and withdrawals for life contracts.....		177,744				177,744
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.....		1,774,658	0	0	0	1,774,658

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	207,656							5	207,656
17. Incurred during current year.....	18	1,672,352							18	1,672,352
Settled during current year:										
18.1 By payment in full.....	19	1,572,725							19	1,572,725
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	1,572,725	0	0	0	0	0	0	19	1,572,725
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	1,572,725	0	0	0	0	0	0	19	1,572,725
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	307,284	0	0	0	0	0	0	4	307,284
POLICY EXHIBIT										
20. In force December 31, prior year.....	788	70,468,030	(a)						788	70,468,030
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(117)	(17,251,026)							(117)	(17,251,026)
23. In force December 31 of current year.....	671	53,217,004	0	(a)	0	0	0	0	671	53,217,004

(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).....		564	562			
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).....		564	562	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		564	562	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		179,383				179,383
2. Annuity considerations.....		540				540
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		179,923	0	0	0	179,923
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		86,694				86,694
10. Matured endowments.....						0
11. Annuity benefits.....		68,553				68,553
12. Surrender values and withdrawals for life contracts.....		99,299				99,299
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.....		254,546	0	0	0	254,546

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	7,000							1	7,000
17. Incurred during current year.....	7	86,694							7	86,694
<i>Settled during current year:</i>										
18.1 By payment in full.....	7	86,694							7	86,694
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	86,694	0	0	0	0	0	0	7	86,694
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	86,694	0	0	0	0	0	0	7	86,694
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	7,000	0	0	0	0	0	0	1	7,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	195	24,812,484	(a)						195	24,812,484
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(39)	(7,871,611)	0	(a)	0	0	0	0	(39)	(7,871,611)
23. In force December 31 of current year.....	156	16,940,873	0	(a)	0	0	0	0	156	16,940,873

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		10,798				10,798
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		10,798	0	0	0	10,798
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		1,413				1,413
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		49				49
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		1,462	0	0	0	1,462
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).....		1,462	0	0	0	1,462
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		105,150				105,150
10. Matured endowments.....						0
11. Annuity benefits.....		12,901				12,901
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.....		118,051	0	0	0	118,051

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	1	5,150							1	5,150
Settled during current year:										
18.1 By payment in full.....	2	105,150							2	105,150
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	105,150	0	0	0	0	0	0	2	105,150
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	105,150	0	0	0	0	0	0	2	105,150
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.38	2,020,125	(a)						.38	2,020,125
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.5)	(368,090)							(.5)	(368,090)
23. In force December 31 of current year.....	.33	1,652,035	0	(a) 0	0	0	0	0	.33	1,652,035

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

DIRECT BUSINESS IN THE STATE OF **NORTH CAROLINA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		.346,118				.346,118
2. Annuity considerations.....		2,415				2,415
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		.348,533	0	0	0	.348,533
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		.317,000				.317,000
10. Matured endowments.....						0
11. Annuity benefits.....		10,674				10,674
12. Surrender values and withdrawals for life contracts.....		50,462				50,462
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.....		.378,136	0	0	0	.378,136

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	.35,000							3	.35,000
17. Incurred during current year.....	15	653,681							15	653,681
Settled during current year:										
18.1 By payment in full.....	12	317,000							12	317,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	317,000	0	0	0	0	0	0	12	317,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	15,000							1	15,000
18.6 Total settlements.....	13	332,000	0	0	0	0	0	0	13	332,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	356,681	0	0	0	0	0	0	5	356,681
POLICY EXHIBIT										
20. In force December 31, prior year.....	420	.43,902,916	(a)						420	.43,902,916
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(76)	(10,171,671)	0	(a) 0	0	0	0	0	(76)	(10,171,671)
23. In force December 31 of current year.....	344	.33,731,245	0	(a) 0	0	0	0	0	344	.33,731,245

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		152,987				152,987
2. Annuity considerations.....		100				100
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		153,087	0	0	0	153,087
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		40,827				40,827
6.2 Applied to pay renewal premiums.....		2,841				2,841
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		496				496
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		44,164	0	0	0	44,164
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).....		44,164	0	0	0	44,164
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,185,665				1,185,665
10. Matured endowments.....		5,000				5,000
11. Annuity benefits.....		1,527				1,527
12. Surrender values and withdrawals for life contracts.....		68,954				68,954
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		1,261,146	0	0	0	1,261,146

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	7	17,199							7	17,199
17. Incurred during current year.....	27	1,191,558							27	1,191,558
Settled during current year:										
18.1 By payment in full.....	28	1,190,665							28	1,190,665
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	28	1,190,665	0	0	0	0	0	0	28	1,190,665
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	28	1,190,665	0	0	0	0	0	0	28	1,190,665
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	18,092	0	0	0	0	0	0	6	18,092
POLICY EXHIBIT										
20. In force December 31, prior year.....	897	20,079,042	(a)						897	20,079,042
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(50)	(1,732,507)	0	(a)	0	0	0	0	(50)	(1,732,507)
23. In force December 31 of current year.....	847	18,346,535	0	(a)	0	0	0	0	847	18,346,535

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		64,130				64,130
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		64,130	0	0	0	64,130
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		.4				4
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		.3				3
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		.7	0	0	0	7
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).....		.7	0	0	0	7
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....						0
10. Matured endowments.....						0
11. Annuity benefits.....		25,782				25,782
12. Surrender values and withdrawals for life contracts.....		489				489
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.....		26,271	0	0	0	26,271

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.68	8,837,798	(a)						.68	8,837,798
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.6)	(1,773,165)	0	(a)	0	0	0	0	(.6)	(1,773,165)
23. In force December 31 of current year.....	.62	7,064,633	0	(a)	0	0	0	0	.62	7,064,633

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	92,392				92,392
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	92,392	0	0	0	92,392
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	20,000				20,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	7,745				7,745
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.....	27,745	0	0	0	27,745

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	20,000							2	20,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	20,000							2	20,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	20,000	0	0	0	0	0	0	2	20,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	20,000	0	0	0	0	0	0	2	20,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	122	16,828,573	(a)						122	16,828,573
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(31)	(6,090,628)	0	(a)	0	0	0	0	(31)	(6,090,628)
23. In force December 31 of current year.....	91	10,737,945	0	(a)	0	0	0	0	.91	10,737,945

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		505,573				505,573
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		505,573	0	0	0	505,573
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		340,762				340,762
10. Matured endowments.....						0
11. Annuity benefits.....		2,586				2,586
12. Surrender values and withdrawals for life contracts.....		12,373				12,373
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.....		355,721	0	0	0	355,721

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	75,000							2	75,000
17. Incurred during current year.....	9	265,762							9	265,762
Settled during current year:										
18.1 By payment in full.....	11	340,762							11	340,762
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	340,762	0	0	0	0	0	0	11	340,762
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	340,762	0	0	0	0	0	0	11	340,762
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	486	46,616,234	(a)						486	46,616,234
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(42)	(7,296,225)							(42)	(7,296,225)
23. In force December 31 of current year.....	444	39,320,009	0	(a)	0	0	0	0	444	39,320,009

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		62,935				62,935
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX			0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		62,935	0	0	0	62,935
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.....		3				3
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		3	0	0	0	3
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		3	0	0	0	3
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....						0
10. Matured endowments.....						0
11. Annuity benefits.....		2,473				2,473
12. Surrender values and withdrawals for life contracts.....		31,748				31,748
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.....		34,221	0	0	0	34,221

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	112	10,831,612	(a).....						112	10,831,612
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(3,691,735)	0	(a).....	0	0	0	0	(26)	(3,691,735)
23. In force December 31 of current year.....	86	7,139,877	0	(a).....	0	0	0	0	.86	7,139,877

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		124,235				124,235
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		124,235	0	0	0	124,235
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....		44				44
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).....		44	0	0	0	44
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		44	0	0	0	44
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		170,000				170,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....		2,643				2,643
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		172,643	0	0	0	172,643

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	2	70,000							2	70,000
Settled during current year:										
18.1 By payment in full.....	3	170,000							3	170,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	170,000	0	0	0	0	0	0	3	170,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	170,000	0	0	0	0	0	0	3	170,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	169	24,272,095	(a)						169	24,272,095
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(47)	(9,055,205)							(47)	(9,055,205)
23. In force December 31 of current year.....	122	15,216,890	0	(a)	0	0	0	0	122	15,216,890

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		183,699				183,699
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		183,699	0	0	0	183,699
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....		40				40
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).....		40	0	0	0	40
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		40	0	0	0	40
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		200,000				200,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....		1,152				1,152
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.....		201,152	0	0	0	201,152

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	2	200,000							2	200,000
Settled during current year:										
18.1 By payment in full.....	2	200,000							2	200,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	200,000	0	0	0	0	0	0	2	200,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	200,000	0	0	0	0	0	0	2	200,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	134	17,694,378	(a)						134	17,694,378
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(18)	(2,904,440)	0	(a)	0	0	0	0	(18)	(2,904,440)
23. In force December 31 of current year.....	116	14,789,938	0	(a)	0	0	0	0	116	14,789,938

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		..604,167				..604,167
2. Annuity considerations.....		375				375
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		..604,542	0	0	0	..604,542
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		7				7
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		5				5
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		12	0	0	0	12
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).....		12	0	0	0	12
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		..911,806				..911,806
10. Matured endowments.....						0
11. Annuity benefits.....		6,118				6,118
12. Surrender values and withdrawals for life contracts.....		..182,139				..182,139
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.....		1,100,063	0	0	0	1,100,063

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	..16,090							5	..16,090
17. Incurred during current year.....	61	930,361							61	930,361
Settled during current year:										
18.1 By payment in full.....	54	886,806							54	886,806
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	54	886,806	0	0	0	0	0	0	54	886,806
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	3,840							1	3,840
18.6 Total settlements.....	55	890,646	0	0	0	0	0	0	55	890,646
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	..55,804	0	0	0	0	0	0	11	..55,804
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,037	..84,287,695	(a)						1,037	..84,287,695
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(141)	(23,293,832)	0	(a)	0	0	0	0	(141)	(23,293,832)
23. In force December 31 of current year.....	.896	..60,993,863	0	(a)	0	0	0	0	.896	..60,993,863

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		174,793				174,793
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		174,793	0	0	0	174,793
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.....		5				5
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		5	0	0	0	5
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		5	0	0	0	5
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		25,020				25,020
10. Matured endowments.....						0
11. Annuity benefits.....		399				399
12. Surrender values and withdrawals for life contracts.....		1,830				1,830
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.....		27,249	0	0	0	27,249

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	35,020							3	35,020
Settled during current year:										
18.1 By payment in full.....	2	25,020							2	25,020
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	25,020	0	0	0	0	0	0	2	25,020
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	25,020	0	0	0	0	0	0	2	25,020
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	182	20,734,549	(a)						182	20,734,549
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(27)	(4,865,977)	0	(a)	0	0	0	0	(27)	(4,865,977)
23. In force December 31 of current year.....	155	15,868,572	0	(a)	0	0	0	0	155	15,868,572

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		102,073				102,073
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		102,073	0	0	0	102,073
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		74				74
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).....		115	0	0	0	115
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).....		115	0	0	0	115
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,700				1,700
10. Matured endowments.....		600				600
11. Annuity benefits.....		16,107				16,107
12. Surrender values and withdrawals for life contracts.....		26,960				26,960
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.....		45,367	0	0	0	45,367

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,700							2	1,700
17. Incurred during current year.....	2	41,200							2	41,200
Settled during current year:										
18.1 By payment in full.....	2	2,300							2	2,300
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	2,300	0	0	0	0	0	0	2	2,300
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	2,300	0	0	0	0	0	0	2	2,300
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	40,600	0	0	0	0	0	0	2	40,600
POLICY EXHIBIT										
20. In force December 31, prior year.....	151	12,473,818	(a)						151	12,473,818
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(3,374,227)							(26)	(3,374,227)
23. In force December 31 of current year.....	125	9,099,591	0	(a)	0	0	0	0	125	9,099,591

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		4,862				4,862
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		4,862	0	0	0	4,862
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....						0
10. Matured endowments.....						0
11. Annuity benefits.....		1,115				1,115
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.....		1,115	0	0	0	1,115

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	16	1,958,937	(a)						16	1,958,937
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(902,783)	0	(a)	0	0	0	0	(5)	(902,783)
23. In force December 31 of current year.....	11	1,056,154	0	(a)	0	0	0	0	11	1,056,154

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		567,202				567,202
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		567,202	0	0	0	567,202
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,170,000				1,170,000
10. Matured endowments.....						0
11. Annuity benefits.....		49,446				49,446
12. Surrender values and withdrawals for life contracts.....		41,317				41,317
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.....		1,260,763	0	0	0	1,260,763

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	15,000							1	15,000
17. Incurred during current year.....	12	1,262,876							12	1,262,876
Settled during current year:										
18.1 By payment in full.....	10	1,170,000							10	1,170,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	1,170,000	0	0	0	0	0	0	10	1,170,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	15,000							1	15,000
18.6 Total settlements.....	11	1,185,000	0	0	0	0	0	0	11	1,185,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	92,876	0	0	0	0	0	0	2	92,876
POLICY EXHIBIT										
20. In force December 31, prior year.....	575	68,167,353	(a)						575	68,167,353
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(106)	(16,229,651)	0	(a)	0	0	0	0	(106)	(16,229,651)
23. In force December 31 of current year.....	469	51,937,702	0	(a)	0	0	0	0	469	51,937,702

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

DIRECT BUSINESS IN THE STATE OF **RHODE ISLAND** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		17,368				17,368
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		17,368	0	0	0	17,368
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,005,256				1,005,256
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.....		1,005,256	0	0	0	1,005,256

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	1,000,037							3	1,000,037
17. Incurred during current year.....	2	5,256							2	5,256
<i>Settled during current year:</i>										
18.1 By payment in full.....	4	1,005,256							4	1,005,256
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	1,005,256	0	0	0	0	0	0	4	1,005,256
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	1,005,256	0	0	0	0	0	0	4	1,005,256
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	.37	0	0	0	0	0	0	1	.37
POLICY EXHIBIT										
20. In force December 31, prior year.....	.34	4,007,306	(a)						.34	4,007,306
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(2,540,193)	(a)	0	0	0	0	0	(11)	(2,540,193)
23. In force December 31 of current year.....	23	1,467,113	0	(a)	0	0	0	0	.23	1,467,113

(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.....						
<i>Other Individual Policies:</i>						
25.1 Non-cancelable (b).....						
25.2 Guaranteed renewable (b).....						
25.3 Non-renewable for stated reasons only (b).....						
25.4 Other accident only.....						
25.5 All other (b).....						
25.6 Totals (Sum of Lines 25.1 to 25.5).....		0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		0	0	0	0	0

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		271,577				271,577
2. Annuity considerations.....		960				960
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		272,537	0	0	0	272,537
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		225,000				225,000
10. Matured endowments.....						0
11. Annuity benefits.....		5,397				5,397
12. Surrender values and withdrawals for life contracts.....		46,826				46,826
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.....		277,223	0	0	0	277,223

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	27,500							2	27,500
17. Incurred during current year.....	12	240,107							12	240,107
<i>Settled during current year:</i>										
18.1 By payment in full.....	9	240,000							9	240,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	240,000	0	0	0	0	0	0	9	240,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	240,000	0	0	0	0	0	0	9	240,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	27,607	0	0	0	0	0	0	5	27,607
POLICY EXHIBIT										
20. In force December 31, prior year.....	364	33,043,305	(a)						364	33,043,305
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(51)	(8,549,146)	0	(a) 0	0	0	0	0	(51)	(8,549,146)
23. In force December 31 of current year.....	313	24,494,159	0	(a) 0	0	0	0	0	313	24,494,159

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		45,831				45,831
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		45,831	0	0	0	45,831
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....		160				160
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		3				3
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		163	0	0	0	163
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		163	0	0	0	163
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		4,000				4,000
10. Matured endowments.....						0
11. Annuity benefits.....		13,931				13,931
12. Surrender values and withdrawals for life contracts.....		17,108				17,108
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		35,039	0	0	0	35,039

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10							1	10
17. Incurred during current year.....	1	4,000							1	4,000
Settled during current year:										
18.1 By payment in full.....	1	4,000							1	4,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	4,000	0	0	0	0	0	0	1	4,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	4,000	0	0	0	0	0	0	1	4,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10	0	0	0	0	0	0	1	10
POLICY EXHIBIT										
20. In force December 31, prior year.....	103	4,803,006	(a)						103	4,803,006
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	(1,572,785)							(10)	(1,572,785)
23. In force December 31 of current year.....	93	3,230,221	0	(a) 0	0	0	0	0	93	3,230,221

(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 **TENNESSEE** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		397,722				397,722
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		397,722	0	0	0	397,722
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,144,163				1,144,163
10. Matured endowments.....						0
11. Annuity benefits.....		22,497				22,497
12. Surrender values and withdrawals for life contracts.....		6,464				6,464
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.....		1,173,124	0	0	0	1,173,124

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	11	1,304,163							11	1,304,163
<i>Settled during current year:</i>										
18.1 By payment in full.....	9	1,144,163							9	1,144,163
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	1,144,163	0	0	0	0	0	0	9	1,144,163
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	1,144,163	0	0	0	0	0	0	9	1,144,163
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	160,000	0	0	0	0	0	0	2	160,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	332	43,034,898	(a)						332	43,034,898
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(54)	(9,369,139)	0	(a) 0	0	0	0	0	(54)	(9,369,139)
23. In force December 31 of current year.....	278	33,665,759	0	(a) 0	0	0	0	0	278	33,665,759

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		1,216,130				1,216,130
2. Annuity considerations.....		7,300				7,300
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		1,223,430	0	0	0	1,223,430
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		.56				.56
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		13				13
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		.69	0	0	0	.69
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).....		.69	0	0	0	.69
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,925,810				1,925,810
10. Matured endowments.....						0
11. Annuity benefits.....		10,385				10,385
12. Surrender values and withdrawals for life contracts.....		141,683				141,683
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		2,077,878	0	0	0	2,077,878

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	615,000							6	615,000
17. Incurred during current year.....	34	1,594,955							34	1,594,955
Settled during current year:										
18.1 By payment in full.....	35	1,925,810							35	1,925,810
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	35	1,925,810	0	0	0	0	0	0	35	1,925,810
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	35	1,925,810	0	0	0	0	0	0	35	1,925,810
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	284,144	0	0	0	0	0	0	5	284,144
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,315	177,985,279	(a)						1,315	177,985,279
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(319)	(60,688,836)	0	(a)	0	0	0	0	(319)	(60,688,836)
23. In force December 31 of current year.....	.996	117,296,443	0	(a)	0	0	0	0	.996	117,296,443

(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 **UTAH** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		48,644				48,644
2. Annuity considerations.....		142				142
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		48,786	0	0	0	48,786
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		805				805
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).....		805	0	0	0	805
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).....		805	0	0	0	805
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		270,000				270,000
10. Matured endowments.....						0
11. Annuity benefits.....		4,024				4,024
12. Surrender values and withdrawals for life contracts.....		3,350				3,350
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.....		277,374	0	0	0	277,374

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	2	260,000							2	260,000
Settled during current year:										
18.1 By payment in full.....	3	270,000							3	270,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	270,000	0	0	0	0	0	0	3	270,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	270,000	0	0	0	0	0	0	3	270,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.71	8,630,632	(a)						.71	8,630,632
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(2,077,400)							(11)	(2,077,400)
23. In force December 31 of current year.....	60	6,553,232	0	(a) 0	0	0	0	0	.60	6,553,232

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		399,113				399,113
2. Annuity considerations.....		240				240
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		399,353	0	0	0	399,353
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....		4				4
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).....		8	0	0	0	8
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		8	0	0	0	8
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		446,655				446,655
10. Matured endowments.....						0
11. Annuity benefits.....		21,712				21,712
12. Surrender values and withdrawals for life contracts.....		114,511				114,511
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.....		582,878	0	0	0	582,878

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	140,500							3	140,500
17. Incurred during current year.....	18	467,155							18	467,155
Settled during current year:										
18.1 By payment in full.....	19	446,655							19	446,655
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	446,655	0	0	0	0	0	0	19	446,655
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	446,655	0	0	0	0	0	0	19	446,655
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	161,000	0	0	0	0	0	0	2	161,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	501	54,260,507	(a)						501	54,260,507
21. Issued during year.....		25,000							0	25,000
22. Other changes to in force (Net).....	(128)	(21,244,646)							(128)	(21,244,646)
23. In force December 31 of current year.....	373	33,040,861	0	(a)	0	0	0	0	373	33,040,861

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

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



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		18,047				18,047
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		18,047	0	0	0	18,047
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		200,000				200,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		200,000	0	0	0	200,000

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	200,000							1	200,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	1	200,000							1	200,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	200,000	0	0	0	0	0	0	1	200,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	200,000	0	0	0	0	0	0	1	200,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	21	3,757,724	(a)						21	3,757,724
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(200,000)							0	(200,000)
23. In force December 31 of current year.....	21	3,557,724	0	(a)	0	0	0	0	21	3,557,724

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		220,572				220,572
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		220,572	0	0	0	220,572
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....		11,673				11,673
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		255				255
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		11,928	0	0	0	11,928
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		11,928	0	0	0	11,928
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		100,785				100,785
10. Matured endowments.....		(500)				(500)
11. Annuity benefits.....		15,527				15,527
12. Surrender values and withdrawals for life contracts.....		44,573				44,573
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.....		160,385	0	0	0	160,385

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	17	64,668							17	64,668
17. Incurred during current year.....	14	43,389							14	43,389
Settled during current year:										
18.1 By payment in full.....	17	85,285							17	85,285
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	85,285	0	0	0	0	0	0	17	85,285
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	85,285	0	0	0	0	0	0	17	85,285
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	14	22,771	0	0	0	0	0	0	14	22,771
POLICY EXHIBIT										
20. In force December 31, prior year.....	390	21,233,783	(a)						390	21,233,783
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(54)	(6,016,719)	0	(a)	0	0	0	0	(54)	(6,016,719)
23. In force December 31 of current year.....	336	15,217,064	0	(a)	0	0	0	0	336	15,217,064

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		1,279,580				1,279,580
2. Annuity considerations.....		46,221				46,221
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		1,325,801	0	0	0	1,325,801
DIRECT DIVIDENDS TO POLICYHOLDERS						
6.1 Paid in cash or left on deposit.....		.81				.81
6.2 Applied to pay renewal premiums.....		108				108
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).....		189	0	0	0	189
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).....		189	0	0	0	189
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		1,295,002				1,295,002
10. Matured endowments.....						0
11. Annuity benefits.....		.390,343				.390,343
12. Surrender values and withdrawals for life contracts.....		.311,317				.311,317
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.....		1,996,662	0	0	0	1,996,662

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	145,013							5	145,013
17. Incurred during current year.....	36	1,524,442							36	1,524,442
Settled during current year:										
18.1 By payment in full.....	36	1,295,002							36	1,295,002
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	36	1,295,002	0	0	0	0	0	0	36	1,295,002
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	36	1,295,002	0	0	0	0	0	0	36	1,295,002
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	374,453	0	0	0	0	0	0	5	374,453
POLICY EXHIBIT										
20. In force December 31, prior year.....	3,028	172,178,440	(a)						3,028	172,178,440
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(212)	(17,922,781)							(212)	(17,922,781)
23. In force December 31 of current year.....	2,816	154,255,659	0	(a)	0	0	0	0	2,816	154,255,659

(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).....		3,837	3,823			
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).....		3,837	3,823	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		3,837	3,823	0	0	0

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

DIRECT BUSINESS IN THE STATE OF **WEST VIRGINIA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		36,366				36,366
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		36,366	0	0	0	36,366
DIRECT DIVIDENDS TO POLICYHOLDERS						
<i>Life insurance:</i>						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....						0
6.4 Other.....						0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0	0
<i>Annuities:</i>						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		105,000				105,000
10. Matured endowments.....						0
11. Annuity benefits.....						0
12. Surrender values and withdrawals for life contracts.....		7,766				7,766
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0	0	0	0	0
14. All other benefits, except accident and health.....						0
15. Totals.....		112,766	0	0	0	112,766

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	105,000							2	105,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	105,000							2	105,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	105,000	0	0	0	0	0	0	2	105,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	105,000	0	0	0	0	0	0	2	105,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.57	7,945,437	(a)						.57	7,945,437
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(14)	(2,264,741)							(14)	(2,264,741)
23. In force December 31 of current year.....	43	5,680,696	0	(a)	0	0	0	0	.43	5,680,696

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance.....		26,865				26,865
2. Annuity considerations.....						0
3. Deposit-type contract funds.....			XXX		XXX	0
4. Other considerations.....						0
5. Totals (Sum of Lines 1 to 4).....		26,865	0	0	0	26,865
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit.....						0
6.2 Applied to pay renewal premiums.....		16				16
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).....		16	0	0	0	16
Annuites:						
7.1 Paid in cash or left on deposit.....						0
7.2 Applied to provide paid-up annuities.....						0
7.3 Other.....						0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....		16	0	0	0	16
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits.....		132,500				132,500
10. Matured endowments.....						0
11. Annuity benefits.....		2,042				2,042
12. Surrender values and withdrawals for life contracts.....		5,155				5,155
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.....		139,697	0	0	0	139,697

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	132,500							4	132,500
Settled during current year:										
18.1 By payment in full.....	4	132,500							4	132,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	132,500	0	0	0	0	0	0	4	132,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	132,500	0	0	0	0	0	0	4	132,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	44	5,464,646	(a)						44	5,464,646
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(1,246,500)							(12)	(1,246,500)
23. In force December 31 of current year.....	32	4,218,146	0	(a)	0	0	0	0	32	4,218,146

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

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

NONE

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

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	1,046,332
2. Current year's realized pre-tax capital gains/(losses) of \$....360,229 transferred into the reserve net of taxes of \$....126,080.....	234,149
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).....	1,280,481
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	54,099
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	1,226,382

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.....	47,250	6,849		54,099
2. 2018.....	88,634	13,918		102,552
3. 2019.....	112,549	14,605		127,154
4. 2020.....	114,868	15,301		130,169
5. 2021.....	108,826	15,747		124,573
6. 2022.....	108,271	16,427		124,698
7. 2023.....	107,884	17,232		125,116
8. 2024.....	104,394	18,132		122,526
9. 2025.....	100,128	19,046		119,174
10. 2026.....	92,366	19,968		112,334
11. 2027.....	73,364	21,146		94,510
12. 2028.....	47,393	19,558		66,951
13. 2029.....	25,349	15,695		41,044
14. 2030.....	8,146	11,349		19,495
15. 2031.....	(4,446)	6,761		2,315
16. 2032.....	(11,913)	2,415		(9,498)
17. 2033.....	(14,969)	-		(14,969)
18. 2034.....	(16,948)	-		(16,948)
19. 2035.....	(17,411)	-		(17,411)
20. 2036.....	(14,912)	-		(14,912)
21. 2037.....	(9,369)	-		(9,369)
22. 2038.....	(3,122)	-		(3,122)
23. 2039.....	-	-		0
24. 2040.....	-	-		0
25. 2041.....	-	-		0
26. 2042.....	-	-		0
27. 2043.....	-	-		0
28. 2044.....	-	-		0
29. 2045.....	-	-		0
30. 2046.....	-	-		0
31. 2047 and Later.....	-	-		0
32. Total (Lines 1 to 31).....	1,046,332	234,149	0	1,280,481

Annual Statement for the year 2017 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	777,852		777,852	9,490		9,490	787,342
2. Realized capital gains/(losses) net of taxes - General Account.....	(156)		(156)	27		27	(129)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	33		33	14,105		14,105	14,138
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.....	140,071		140,071			0	140,071
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	917,800	0	917,800	23,622	0	23,622	941,422
9. Maximum reserve.....	686,265		686,265	13,617		13,617	699,882
10. Reserve objective.....	486,463		486,463	13,617		13,617	500,080
11. 20% of (Line 10 minus Line 8).....	(86,267)	0	(86,267)	(2,001)	0	(2,001)	(88,268)
12. Balance before transfers (Lines 8 + 11).....	831,533	0	831,533	21,621	0	21,621	853,154
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	(145,268)		(145,268)	(8,004)		(8,004)	(153,272)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	686,265	0	686,265	13,617	0	13,617	699,881

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	7,030,060	XXX.....	XXX.....	7,030,060	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	89,232,684	XXX.....	XXX.....	89,232,684	0.0004	35,693	0.0023	205,235	0.0030	267,698
3	2	High quality.....	20,455,290	XXX.....	XXX.....	20,455,290	0.0019	38,865	0.0058	118,641	0.0090	184,098
4	3	Medium quality.....	3,022,880	XXX.....	XXX.....	3,022,880	0.0093	28,113	0.0230	69,526	0.0340	102,778
5	4	Low quality.....	1,755,874	XXX.....	XXX.....	1,755,874	0.0213	37,400	0.0530	93,061	0.0750	131,691
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).....	121,496,788	XXX.....	XXX.....	121,496,788	XXX.....	140,071	XXX.....	486,463	XXX.....	686,264
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.....		XXX.....	XXX.....	0	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).....	0	XXX.....	XXX.....	0	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).....	121,496,788	XXX.....	XXX.....	121,496,788	XXX.....	140,071	XXX.....	486,463	XXX.....	686,264

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....		XXX.....	0	0.0010	0	0.0050	0	0.0065	0	
36		Farm mortgages - CM2 - high quality.....		XXX.....	0	0.0035	0	0.0100	0	0.0130	0	
37		Farm mortgages - CM3 - medium quality.....		XXX.....	0	0.0060	0	0.0175	0	0.0225	0	
38		Farm mortgages - CM4 - low medium quality.....		XXX.....	0	0.0105	0	0.0300	0	0.0375	0	
39		Farm mortgages - CM5 - low quality.....		XXX.....	0	0.0160	0	0.0425	0	0.0550	0	
40		Residential mortgages-insured or guaranteed.....		XXX.....	0	0.0003	0	0.0006	0	0.0010	0	
41		Residential mortgages-all other.....		XXX.....	0	0.0013	0	0.0030	0	0.0040	0	
42		Commercial mortgages-insured or guaranteed.....		XXX.....	0	0.0003	0	0.0006	0	0.0010	0	
43		Commercial mortgages-all other - CM1 - highest quality.....		XXX.....	0	0.0010	0	0.0050	0	0.0065	0	
44		Commercial mortgages-all other - CM2 - high quality.....		XXX.....	0	0.0035	0	0.0100	0	0.0130	0	
45		Commercial mortgages-all other - CM3 - medium quality.....		XXX.....	0	0.0060	0	0.0175	0	0.0225	0	
46		Commercial mortgages-all other - CM4 - low medium quality.....		XXX.....	0	0.0105	0	0.0300	0	0.0375	0	
47		Commercial mortgages-all other - CM5 - low quality.....		XXX.....	0	0.0160	0	0.0425	0	0.0550	0	
		Overdue, not in process:										
48		Farm mortgages.....		XXX.....	0	0.0420	0	0.0760	0	0.1200	0	
49		Residential mortgages-insured or guaranteed.....		XXX.....	0	0.0005	0	0.0012	0	0.0020	0	
50		Residential mortgages-all other.....		XXX.....	0	0.0025	0	0.0058	0	0.0090	0	
51		Commercial mortgages-insured or guaranteed.....		XXX.....	0	0.0005	0	0.0012	0	0.0020	0	
52		Commercial mortgages-all other.....		XXX.....	0	0.0420	0	0.0760	0	0.1200	0	
		In process of foreclosure:										
53		Farm mortgages.....		XXX.....	0	0.0000	0	0.1700	0	0.1700	0	
54		Residential mortgages-insured or guaranteed.....		XXX.....	0	0.0000	0	0.0040	0	0.0040	0	
55		Residential mortgages-all other.....		XXX.....	0	0.0000	0	0.0130	0	0.0130	0	
56		Commercial mortgages-insured or guaranteed.....		XXX.....	0	0.0000	0	0.0040	0	0.0040	0	
57		Commercial mortgages-all other.....		XXX.....	0	0.0000	0	0.1700	0	0.1700	0	
58		Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
59		Schedule DA mortgages.....			XXX.....	0	0.0030	0	0.0100	0	0.0130	
60		Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
32		COMMON STOCK										
1		Unaffiliated public.....	96,201	XXX.....	XXX.....	96,201	0.0000	0	(a).....0.1415	13,612	(a).....0.1415	13,612
2		Unaffiliated private.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX.....	XXX.....	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
5		Affiliated Investment Subsidiary:										
6		Fixed income exempt obligations.....				0	XXX.....		XXX.....		XXX.....	
7		Fixed income highest quality.....				0	XXX.....		XXX.....		XXX.....	
8		Fixed income high quality.....				0	XXX.....		XXX.....		XXX.....	
9		Fixed income medium quality.....				0	XXX.....		XXX.....		XXX.....	
10		Fixed income low quality.....				0	XXX.....		XXX.....		XXX.....	
11		Fixed income lower quality.....				0	XXX.....		XXX.....		XXX.....	
12		Fixed income in or near default.....				0	XXX.....		XXX.....		XXX.....	
13		Unaffiliated common stock public.....				0	0.0000	0	(a).....0.1600	0	(a).....0.1600	0
14		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
15		Real estate.....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	96,201	0	0	96,201	XXX.....	0	XXX.....	13,612	XXX.....	13,612
18		REAL ESTATE										
		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
22	1	OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
		Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
		High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
		Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
		Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
		Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

Asset Valuation Reserve - 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										
			3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
	1	2	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1. Premiums written.....		6,201	XXX	.....	XXX	.....	XXX	.....	XXX	.....	5,946	XXX	.....	255	XXX	.....	XXX	.....
2. Premiums earned.....		6,176	XXX	.....	XXX	.....	XXX	.....	XXX	.....	5,922	XXX	.....	255	XXX	.....	XXX	.....
3. Incurred claims.....		243	3.9	0	0.0	0	0.0	0	0.0	0	243	4.1	0	0.0	0	0.0	0	0.0	
4. Cost containment expenses.....		0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....
5. Incurred claims and cost containment expenses (Lines 3 and 4).....		243	3.9	0	0.0	0	0.0	0	0.0	0	243	4.1	0	0.0	0	0.0	0	0.0	
6. Increase in contract reserves.....		33	0.5	0	0.0	0	0.0	0	0.0	0	33	0.6	0	0.0	0	0.0	0	0.0	
7. Commissions (a).....		(4,808)	(77.8)	.....	0.0	.....	0.0	.....	0.0	.....	0.0	(4,808)	(1,886.8)	.....	0.0	.....	0.0	.....
8. Other general insurance expenses.....		0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....
9. Taxes, licenses and fees.....		0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....
10. Total other expenses incurred.....		(4,808)	(77.8)	0	0.0	0	0.0	0	0.0	0	(4,808)	(1,886.8)	0.0	0.0	0.0
11. Aggregate write-ins for deductions.....		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	
12. Gain from underwriting before dividends or refunds.....		10,708	173.4	0	0.0	0	0.0	0	0.0	0	5,646	95.3	5,062	1,986.8	0	0.0	0	0.0	
13. Dividends or refunds.....		0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....
14. Gain from underwriting after dividends or refunds.....		10,708	173.4	0	0.0	0	0.0	0	0.0	0	5,646	95.3	5,062	1,986.8	0	0.0	0	0.0	

37

DETAILS OF WRITE-INS

1101.	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....
1102.	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....
1103.	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above).	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

Annual Statement for the year 2017 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1 Total	2 Group Accident and Health	3 Credit A&H (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	333					294	39		
2. Advance premiums.....	0								
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	333	0	0	0	294	39	0	0	0
5. Total premium reserves, prior year.....	308				269	39			
6. Increase in total premium reserves.....	25	0	0	0	25	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	9,078					9,078			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	9,078	0	0	0		9,078	0	0	0
4. Total contract reserves, prior year.....	9,045					9,045			
5. Increase in contract reserves.....	33	0	0	0		33	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	114,203	0	0	0		114,203	0	0	0
2. Total prior year.....	113,960					113,960			
3. Increase.....	243	0	0	0		243	0	0	0

3

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.....	0								
1.2 On claims incurred during current year.....	0								
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	114,203					114,203			
2.2 On claims incurred during current year.....	0								
3. Test:									
3.1 Lines 1.1 and 2.1.....	114,203	0	0	0		114,203	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	113,960		0	0		113,960			
3.3 Line 3.1 minus Line 3.2.....	243	0	0	0		243	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	108,010					712	107,298		
2. Premiums earned.....	108,026					712	107,314		
3. Incurred claims.....	255,233						255,233		
4. Commissions.....	4,828						4,828		

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

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

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			255,476	255,476
2. Beginning claim reserves and liabilities.....			479,747	479,747
3. Ending claim reserves and liabilities.....			591,152	591,152
4. Claims paid.....	0	0	144,071	144,071
B. Assumed Reinsurance:				
5. Incurred claims.....			0	0
6. Beginning claim reserves and liabilities.....			0	0
7. Ending claim reserves and liabilities.....			0	0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....			255,233	255,233
10. Beginning claim reserves and liabilities.....			365,787	365,787
11. Ending claim reserves and liabilities.....			476,949	476,949
12. Claims paid.....	0	0	144,071	144,071
D. Net:				
13. Incurred claims.....	0	0	243	243
14. Beginning claim reserves and liabilities.....	0	0	113,960	113,960
15. Ending claim reserves and liabilities.....	0	0	114,203	114,203
16. Claims paid.....	0	0	0	0
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			243	243
18. Beginning reserves and liabilities.....			113,960	113,960
19. Ending reserves and liabilities.....			114,203	114,203
20. Paid claims and cost containment expenses.....	0	0	0	0

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

65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/i.....	101,679	.....64	.....79	.....	.....	.....
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					101,679	.....64	.....79	.....0	.....0	.....0
1099999.	Total - General Account - Non-Affiliates.....					101,679	.....64	.....79	.....0	.....0	.....0
1199999.	Total - General Account.....					101,679	.....64	.....79	.....0	.....0	.....0
2399999.	Total U.S.....					101,679	.....64	.....79	.....0	.....0	.....0
9999999.	Total.....					101,679	.....64	.....79	.....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
------------------------------	-------------------	------------------------	------------------------	----------------------------------	--	---------------	---------------------------	--	--	--	---

14
NONE

Annual Statement for the year 2017 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
68276.....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	.....285,000	.....
88340.....	59-2859797....	07/01/1995	Hannover Life Reassurance Co of America.....	FL.....	.....225,000	.....
66346.....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	.....19,606	.....21,610
88099.....	75-1608507....	01/01/1977	Optimum Re Insurance Company.....	TX.....	.....	.....260,000
67105.....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	.....19,606	.....21,610
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	.....214,262	.....
68713.....	84-0499703....	11/01/1993	Security Life of Denver Insurance Company.....	CO.....	.....292,500	.....
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	.....187,500	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life and Health of America Inc.....	MO.....	.....	.....3,724
82627.....	06-0839705....	07/01/1989	Swiss Re Life and Health of America Inc.....	MO.....	.....144,893	.....
82627.....	06-0839705....	11/01/1993	Swiss Re Life and Health of America Inc.....	MO.....	.....285,000	.....
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.....1,673,367	.....306,944
1099999.	Total - Life and Annuity Non-Affiliates.....				.....1,673,367	.....306,944
1199999.	Total - Life and Annuity.....				.....1,673,367	.....306,944
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
86258.....	13-2572994....	01/01/1997	General Re Life Corporation.....	CT.....	.....	.....141,251
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....0	.....141,251
2199999.	Total - Accident and Health Non-Affiliates.....				.....0	.....141,251
2299999.	Total - Accident and Health.....				.....0	.....141,251
2399999.	Total U.S.....				.....1,673,367	.....448,195
9999999.	Total.....				.....1,673,367	.....448,195

SCHEDULE S - PART 3 - SECTION 1

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
68276....	48-1024691....	03/01/1974	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	.....1,098	.....737	.....737					
68276....	48-1024691....	11/01/1979	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	3,589,806	1,268	1,424	46,574				
68276....	48-1024691....	07/01/1989	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	721,512	11,517	12,447	35,956				
68276....	48-1024691....	01/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	254,695	2,312	2,233	12,039				
68276....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	4,661,053	44,720	55,526	54,929				
68276....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	700,253	16,624	15,446	97,961				
68276....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	281,845	401	353	4,002				
68276....	48-1024691....	11/01/1993	Employers Reassurance Corporation.....	KS.....	DIS/I.....	OL.....	.....63,303	.....61,286						
68276....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	8,544,600	62,707	67,138	81,180				
68276....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	12,970,000	74,465	211,668	37,969				
86258....	13-2572994....	10/01/1972	General Re Life Corporation.....	CT.....	CO/I.....	OL.....	25,000	853	779	7,785				
86258....	13-2572994....	10/01/1972	General Re Life Corporation.....	CT.....	YRT/I.....	OL.....	51,167	4,950	9,709	8,911				
88340....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	3,807,318	27,096	28,776	30,213				
88340....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	12,091,250	70,207	207,078	26,612				
88340....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	3,317,518	22,871	73,825	35,130				
88340....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	281,844	401	353	4,115				
65676....	35-0472300....	08/01/1979	Lincoln National Life Insurance Company.....	IN.....	CO/I.....	OL.....	50,000	1,002	915	937				
65676....	35-0472300....	08/01/1979	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	19,830	1,359	12,074	243				
65676....	35-0472300....	06/01/1990	Lincoln National Life Insurance Company.....	IN.....	CO/I.....	OL.....	2,175,333	21,349	19,235	69,643				
65676....	35-0472300....	06/01/1991	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	226,871	11,177	10,606	16,411				
65676....	35-0472300....	03/01/1993	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	517,547	3,833	4,911	3,981				
66346....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....	2,429,311	2,241,430	2,421,649	(2,349)				
88099....	75-1608507....	01/01/1969	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	45,028	417	434	2,404				
88099....	75-1608507....	01/01/1981	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	65,000	9,447	8,999	3,780				
88099....	75-1608507....	03/01/1982	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	621,980	2,585	840	14,846				
88099....	75-1608507....	04/01/1987	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	3,537,890	71,873	74,329	64,194				
88099....	75-1608507....	07/01/1989	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	2,049,620	36,150	37,031	46,412				
88099....	75-1608507....	07/04/1989	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	355,260	825	807	26,807				
88099....	75-1608507....	10/01/1991	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	18,432,849	116,992	113,018	88,387				
67105....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	CO/I.....	OL.....	2,429,311	2,241,430	2,421,649	(2,349)				
93572....	43-1235868....	11/01/1985	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	5,570,350	14,875	13,757	55,423				
93572....	43-1235868....	01/01/1992	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	15,503,000	149,385	141,763	83,033				
87572....	23-2038295....	12/01/1980	Scottish Re (US) Inc.....	DE.....	CO/I.....	OL.....	25,000	8,770	8,409					
87572....	23-2038295....	02/01/1981	Scottish Re (US) Inc.....	DE.....	YRT/I.....	OL.....				(216)				
68713....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	13,451,247			285,879				
68713....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	1,291,968			61,430				
68713....	84-0499703....	04/01/1988	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	4,416,836	10,372	10,976	52,508				

SCHEDULE S - PART 3 - SECTION 1

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
68713....	84-0499703....	01/01/1992	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....847,000	.....4,010	.....4,013	.....4,326				
68713....	84-0499703....	11/01/1993	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....8,653,800	.....63,539	.....68,081	.....68,790				
68713....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....53,690,450	.....360,889	.....481,137	.....146,840				
68713....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	DIS/I.....	OL.....	.....115,751	.....120,026						
68713....	84-0499703....	05/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....281,844	.....401	.....353	.....4,009				
68713....	84-0499703....	11/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....1,690,870	.....12,613	.....37,998	.....16,003				
82627....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	DIS/I.....	OL.....	.....144,002	.....172,223						
82627....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....97,400	.....154	.....154	.....223				
82627....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....19,809,375	.....122,956	.....157,855	.....174,398				
82627....	06-0839705....	05/01/1978	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....25,000	.....16,038	.....16,039					
82627....	06-0839705....	05/01/1978	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....7,295	.....4,919	.....4,803					
82627....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....50,000	.....2,237	.....2,060	.....(7,126)				
82627....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....4,000	.....3,466	.....255	.....523				
82627....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....3,040	.....5	.....5	.....37				
82627....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....4,023,770	.....70,638	.....73,258	.....108,331				
82627....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....160,000	.....1,859	.....1,711	.....3,524				
82627....	06-0839705....	08/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....140,000	.....3,042	.....4,804	.....2,014				
82627....	06-0839705....	10/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....3,127,500	.....1,214,496	.....1,265,908	.....57,847				
82627....	06-0839705....	11/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....9,193,296	.....29,657	.....31,367	.....307,963				
82627....	06-0839705....	01/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....4,597,764	.....1,971	.....1,883	.....46,020				
82627....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....550,000	.....217,465	.....204,640	.....16,277				
82627....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....699,435	.....2,870	.....1,108	.....17,317				
82627....	06-0839705....	03/01/1986	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....4,304,281	.....44,721	.....51,698	.....69,584				
82627....	06-0839705....	02/01/1987	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....2,288,865	.....540	.....500	.....12,367				
82627....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....2,045,000	.....8,984	.....8,979	.....35,847				
82627....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....8,231,425	.....186,751	.....181,164	.....280,957				
82627....	06-0839705....	04/01/1990	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....5,661,053	.....51,860	.....61,996	.....65,689				
82627....	06-0839705....	05/14/1990	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....236,280	.....5,926	.....5,330	.....61,961				
82627....	06-0839705....	03/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....517,547	.....3,833	.....4,911	.....4,734				
82627....	06-0839705....	11/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	.....6,327,100	.....49,788	.....54,978	.....72,499				
82627....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....12,970,000	.....74,465	.....211,668	.....29,356				
82627....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....281,844	.....401	.....353	.....4,409				
65870....	13-1004640....	01/01/1979	Manhattan Life Insurance Company.....	NY.....	CO/I.....	OL.....	.....62,000	.....1,340	.....1,234	.....1,389				
65870....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	.....8,346,363	.....11,329	.....14,575	.....163,610				
65870....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	.....4,331,264			.....95,194				
65870....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	.....884,156			.....22,791				
65870....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	DIS/I.....	OL.....	.....159,181	.....153,399						
97071....	13-3126819....	12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	YRT/I.....	OL.....	.....740	.....3	.....3					

SCHEDULE S - PART 3 - SECTION 1

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
64688....	75-6020048....	01/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	.....50,000	.....1,903	.....1,764	.....2,969	.....	.....	.....	.....
64688....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	.....2,113,637	.....1,395	.....1,576	.....32,938	.....	.....	.....	.....
64688....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	DIS/I.....	OL.....	.....	.....38,494	.....37,374	.....	.....	.....	.....	.....
64688....	75-6020048....	11/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	.....1,760,850	.....4,811	.....2,884	.....31,775	.....	.....	.....	.....
64688....	75-6020048....	09/01/1991	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	.....87,408	.....509	.....485	.....(2,083)	.....	.....	.....	.....
64688....	75-6020048....	09/15/1992	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	.....11,144,000	.....85,961	.....86,572	.....66,981	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....				.....	.....	.....303,808,842	.....8,472,876	.....9,581,304	.....3,375,063	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....				.....	.....	.....303,808,842	.....8,472,876	.....9,581,304	.....3,375,063	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....				.....	.....	.....303,808,842	.....8,472,876	.....9,581,304	.....3,375,063	.....0	.....0	.....0	.....0

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

00000....	AA-1780044...	01/01/2002	Hannover Re (Ireland) DAC.....	IRL.....	COFW/I.....	OL.....	.....586,072,496	.....60,646,439	.....130,122,440	.....(47,457,345)	.....	.....	.....	.....59,746,746
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....				.....	.....	.....586,072,496	.....60,646,439	.....130,122,440	.....(47,457,345)	.....0	.....0	.....0	.....59,746,746
2199999.	Total - General Account - Unauthorized - Non-Affiliates.....				.....	.....	.....586,072,496	.....60,646,439	.....130,122,440	.....(47,457,345)	.....0	.....0	.....0	.....59,746,746
2299999.	Total - General Account - Unauthorized.....				.....	.....	.....586,072,496	.....60,646,439	.....130,122,440	.....(47,457,345)	.....0	.....0	.....0	.....59,746,746
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....				.....	.....	.....889,881,338	.....69,119,315	.....139,703,744	.....(44,082,282)	.....0	.....0	.....0	.....59,746,746
6999999.	Total U.S.....				.....	.....	.....303,808,842	.....8,472,876	.....9,581,304	.....3,375,063	.....0	.....0	.....0	.....0
7099999.	Total Non-U.S.....				.....	.....	.....586,072,496	.....60,646,439	.....130,122,440	.....(47,457,345)	.....0	.....0	.....0	.....59,746,746
9999999.	Total.....				.....	.....	.....889,881,338	.....69,119,315	.....139,703,744	.....(44,082,282)	.....0	.....0	.....0	.....59,746,746

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		

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

97071.....	13-3126819....	.12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	CO/i.....	LTDI.....	.....712	.....454	.....3,365	.....	.....	.....	.....
86258.....	13-2572994....	.01/01/1997	General Re Life Corporation.....	CT.....	CO/i.....	LTC.....	.....107,298	.....295	.....3,150,645	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....108,010	.....749	.....3,154,010	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....108,010	.....749	.....3,154,010	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....108,010	.....749	.....3,154,010	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....108,010	.....749	.....3,154,010	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....						.....108,010	.....749	.....3,154,010	.....0	.....0	.....0	.....0
9999999.	Total.....						.....108,010	.....749	.....3,154,010	.....0	.....0	.....0	.....0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
------------------------------	-------------------	------------------------	------------------------	---------------------------------	--	----------------------	------------------------------------	---------------------------	---	---------------------------	--	-------------	---	---

General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates

00000.....	AA-1780044	.01/01/2002	Hannover Re (Ireland) DAC.....	60,646,439	.....	.....	60,646,439	.....3,500,000	1.....	.....	.....126,979,376	.....24,532	.....	.....60,646,439
0999999.....			Total - General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates.....	60,646,439	.....0	.....0	60,646,439	.....3,500,000	.....XXX.....	.....0	.....126,979,376	.....24,532	.....0	.....60,646,439
1099999.....			Total - General Account - Life and Annuity - Non-Affiliates.....	60,646,439	.....0	.....0	60,646,439	.....3,500,000	.....XXX.....	.....0	.....126,979,376	.....24,532	.....0	.....60,646,439
1199999.....			Total - General Account - Life and Annuity.....	60,646,439	.....0	.....0	60,646,439	.....3,500,000	.....XXX.....	.....0	.....126,979,376	.....24,532	.....0	.....60,646,439
2399999.....			Total - General Account.....	60,646,439	.....0	.....0	60,646,439	.....3,500,000	.....XXX.....	.....0	.....126,979,376	.....24,532	.....0	.....60,646,439
3699999.....			Total - Non-U.S.....	60,646,439	.....0	.....0	60,646,439	.....3,500,000	.....XXX.....	.....0	.....126,979,376	.....24,532	.....0	.....60,646,439
9999999.....			Total.....	60,646,439	.....0	.....0	60,646,439	.....3,500,000	.....XXX.....	.....0	.....126,979,376	.....24,532	.....0	.....60,646,439

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	1.....	1.....	026013453.....	Landesbank Baden-Wurttemberg.....	3,500,000

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- ciliary Juris- diction	6 Certified Rein- surer Rating	7 1 thru 6)	8 Percent Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral					23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 22 / Col. 14)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)				

NONE

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

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	.....(43,974)	.....17,108	.....18,434	.....19,793	.....20,953
2. Commissions and reinsurance expense allowances.....	.....1,152	.....1,418	.....1,493	.....1,600	.....1,711
3. Contract claims.....	.....28,140	.....23,431	.....27,470	.....30,049	.....28,976
4. Surrender benefits and withdrawals for life contracts.....	.....3,889	.....3,646	.....3,126	.....4,704	.....4,149
5. Dividends to policyholders.....	.....42	.....42	.....43	.....49	.....47
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....	.....70,531	.....(5,611)	.....(3,305)	.....(5,998)	.....(6,201)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....	.....72,274	.....142,805	.....148,416	.....151,721	.....157,719
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	.....448	.....1,282	.....524	.....515	.....874
12. Amounts recoverable on reinsurance.....	.....1,673	.....373	.....349	.....719	.....614
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).....	.....126,979	.....132,519	.....135,550	.....147,886	.....150,102
19. Letters of credit (L).....	.....3,500	.....3,500	.....3,000		
20. Trust agreements (T).....					
21. Other (O).....	.....25	.....40	.....(27)	.....0	.....96
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

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

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	145,667,044		145,667,044
2. Reinsurance (Line 16).....	1,673,368	.....(1,673,368)	0
3. Premiums and considerations (Line 15).....	5,528,126		5,528,126
4. Net credit for ceded reinsurance.....	XXX	14,157,900	14,157,900
5. All other admitted assets (balance).....	3,043,308		3,043,308
6. Total assets excluding Separate Accounts (Line 26).....	155,911,845	12,484,532	168,396,377
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	155,911,845	12,484,532	168,396,377
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	71,583,873	72,274,075	143,857,948
10. Liability for deposit-type contracts (Line 3).....	2,025,993		2,025,993
11. Claim reserves (Line 4).....	6,135,350	448,195	6,583,545
12. Policyholder dividends/reserves (Lines 5 through 7).....	11,000		11,000
13. Premium & annuity considerations received in advance (Line 8).....	41,451		41,451
14. Other contract liabilities (Line 9).....	1,250,914	(24,532)	1,226,382
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).....	59,746,746	(59,746,746)	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).....	4,588,573	(466,459)	4,122,113
20. Total liabilities excluding Separate Accounts (Line 26).....	145,383,900	12,484,532	157,868,432
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	145,383,900	12,484,532	157,868,432
23. Capital & surplus (Line 38).....	10,527,945	XXX	10,527,945
24. Total liabilities, capital & surplus (Line 39).....	155,911,845	12,484,532	168,396,377
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	72,274,075		
26. Claim reserves.....	448,195		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	(24,532)		
31. Reinsurance ceded assets.....	1,673,368		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	74,371,105		
34. Premiums and considerations.....	0		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	59,746,746		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	466,459		
40. Total ceded reinsurance payables/offsets.....	60,213,205		
41. Total net credit for ceded reinsurance.....	14,157,900		

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

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....AL	65,366					65,366
2. Alaska.....AK	19,113					19,113
3. Arizona.....AZ	192,640	.400				193,040
4. Arkansas.....AR	191,774	.500				192,274
5. California.....CA	2,273,936	.2,427				2,276,363
6. Colorado.....CO	248,944	.500				249,444
7. Connecticut.....CT	122,897					122,897
8. Delaware.....DE	37,122					37,122
9. District of Columbia.....DC	35,840					35,840
10. Florida.....FL	959,009	.2,743	.255	107,298		1,069,305
11. Georgia.....GA	583,159	.2,300				585,459
12. Hawaii.....HI	62,054	.135				62,189
13. Idaho.....ID	20,222					20,222
14. Illinois.....IL	429,054	.7,341				436,395
15. Indiana.....IN	.514,011	.3,046	.304			517,361
16. Iowa.....IA	266,531	.94	1,111			267,736
17. Kansas.....KS	223,245	.2,848				226,093
18. Kentucky.....KY	255,360					255,360
19. Louisiana.....LA	236,709					236,709
20. Maine.....ME	73,384					73,384
21. Maryland.....MD	544,835					544,835
22. Massachusetts.....MA	433,452	.400				433,852
23. Michigan.....MI	.565,957	.3,323	.842			570,122
24. Minnesota.....MN	640,449	.9,855				650,304
25. Mississippi.....MS	179,383	.540				179,923
26. Missouri.....MO	555,209	.7,473				562,682
27. Montana.....MT	10,798					10,798
28. Nebraska.....NE	64,130					64,130
29. Nevada.....NV	124,235					124,235
30. New Hampshire.....NH	92,392		.564			92,956
31. New Jersey.....NJ	.505,573					505,573
32. New Mexico.....NM	62,935					62,935
33. New York.....NY	183,699					183,699
34. North Carolina.....NC	346,118	.2,415				348,533
35. North Dakota.....ND	152,987	.100				153,087
36. Ohio.....OH	604,167	.375				604,542
37. Oklahoma.....OK	174,793					174,793
38. Oregon.....OR	102,073					102,073
39. Pennsylvania.....PA	567,202					567,202
40. Rhode Island.....RI	17,368					17,368
41. South Carolina.....SC	271,577	.960				272,537
42. South Dakota.....SD	45,831					45,831
43. Tennessee.....TN	397,722					397,722
44. Texas.....TX	1,216,130	.7,300				1,223,430
45. Utah.....UT	48,644	.142				48,786
46. Vermont.....VT	18,047					18,047
47. Virginia.....VA	399,113	.240				399,353
48. Washington.....WA	220,572					220,572
49. West Virginia.....WV	36,366					36,366
50. Wisconsin.....WI	1,279,580	46,221	.3,837			1,329,638
51. Wyoming.....WY	26,865					26,865
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN	.2,439					.2,439
58. Aggregate Other Alien.....OT	.4,862					.4,862
59. Totals.....	16,705,873	101,678	.6,913	107,298	0	16,921,762

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
		31-1544320		0000944707	NYSE	American Financial Group, Inc.	OH	UIP			Ownership			.N.	
		31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		31-0996797				American Financial Enterprises, Inc.	CT	NIA	American Financial Group, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation		Ownership	100.000	American Financial Group, Inc.	.N.	
		27-2829629				Mid-Market Capital Partners, LLC	DE	NIA	American Money Management Corporation		Ownership	100.000	American Financial Group, Inc.	.N.	
		41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		23-6000765				American Premier Underwriters, Inc.	PA	NIA	APU Holding Company		Ownership	100.000	American Financial Group, Inc.	.N.	
		23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		37-1094159				Cal Coal, Inc.	IL	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		46-1665396				Pennsylvania Lehigh Oil & Gas Holdings LLC	PA	NIA	Lehigh Valley Railroad Company		Ownership	100.000	American Financial Group, Inc.	.N.	
		20-1548213				Magnolia Alabama Holdings, Inc.	DE	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		46-1852532				Michigan Oil & Gas Holdings, LLC	MI	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		46-1480078				Ohio Oil & Gas Holdings, LLC	OH	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		13-6021353				The Owasco River Railway, Inc.	NY	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		31-1236926				PCC Real Estate, Inc.	NY	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		76-0080537				PCC Technical Industries, Inc.	DE	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		31-1388401				PCC Maryland Realty Corp.	MD	NIA	PCC Technical Industries, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		23-1537928				Penn Towers, Inc.	PA	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		46-3246684				Pennsylvania Oil & Gas Holdings, LLC	PA	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc.		Ownership	66.670	American Financial Group, Inc.	.N.	
		23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc.		Ownership	83.000	American Financial Group, Inc.	.N.	
		23-1707450				Terminal Realty Penn Co.	DC	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc.		Ownership	100.000	American Financial Group, Inc.	.N.	
		98-1073776				GAI Insurance Company, Ltd.	BMU	IA	APU Holding Company		Ownership	100.000	American Financial Group, Inc.	.N.	
						Great American Specialty & Affinity Limited	GBR	NIA	APU Holding Company		Ownership	100.000	American Financial Group, Inc.	.N.	
		31-1446308				Hangar Acquisition Corp.	OH	NIA	APU Holding Company		Ownership	100.000	American Financial Group, Inc.	.N.	
		91-1242743				Premier Lease & Loan Services Insurance Agency, Inc.	WA	NIA	APU Holding Company		Ownership	100.000	American Financial Group, Inc.	.N.	
		91-1508644				Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company		Ownership	100.000	American Financial Group, Inc.	.N.	

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0084	American Financial Group, Inc.	47-5618395				GA Key Lime, LLC.		OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	50.000	American Financial Group, Inc.	.....N.....	2...
		20-4604276				GALIC - Bay Bridge Marina, LLC.		MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		31-1391777				GALIC Brothers, Inc.		OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....Y.....	
		26-3260520				Manhattan National Holding Corporation.....		OH.....	UDP.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....Y.....	
		67083...	45-0252531			Manhattan National Life Insurance Company.....		OH.....	RE.....	Manhattan National Holding Corporation.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		52-2179330				Skipjack Marina Corp.		MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		42-1575938				Great American Holding, Inc.		OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		27-3062314				Agricultural Services, LLC.		OH.....	NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		AA-1784136				Great American International Insurance Designated Activity Company..		IRL.....	IA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		73-0556513				Mid-Continent Casualty Company		OH.....	IA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
0084	American Financial Group, Inc.	15380...	73-1406844			Mid-Continent Assurance Company		OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		13794...	38-3803661			Mid-Continent Excess and Surplus Insurance Company		DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		30-0571535				Mid-Continent Specialty Insurance Services, Inc.		OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....Y.....	
		23426...	73-0773259			Oklahoma Surety Company		OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		34-1607394				National Interstate Corporation		OH.....	NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		34-1899058				American Highways Insurance Agency, Inc.		OH.....	NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		31-1548235				Explorer RV Insurance Agency, Inc.		OH.....	NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		98-0191335				Hudson Indemnity, Ltd.		CYM.....	IA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		66-0660039				Hudson Management Group, Ltd.		VIR.....	NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		34-1607396				National Interstate Insurance Agency, Inc.		OH.....	NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
0084	American Financial Group, Inc.	32620...	34-1607395			Commercial For Hire Transportation Purchasing Group		SC.....	NIA.....	National Interstate Insurance Agency, Inc.	Management.....		American Financial Group, Inc.	.....N.....	5...
		11051...	99-0345306			National Interstate Insurance Company		OH.....	IA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		43-1254631				National Interstate Insurance Company of Hawaii, Inc.		OH.....	IA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		41106...	95-3623282			TransProtection Service Company		MO.....	NIA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	.....Y.....	
		21172...	86-0114294			Triumphre Casualty Company		OH.....	IA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		20-5546054				Vanliner Insurance Company		MO.....	IA.....	National Interstate Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	.....Y.....	
		46-4570914				Safety Claims & Litigation Services, LLC.		MT.....	NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		95-2801326				Safety, Claims and Litigation Services, LLC.		OH.....	NIA.....	National Interstate Corporation	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		43753...	31-1054123			Republic Indemnity Company of America		CA.....	IA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		59-1683711				Republic Indemnity Company of California		CA.....	IA.....	Republic Indemnity Company of America	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
0084	American Financial Group, Inc.	59-3385208				Summit Consulting, LLC		FL.....	NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		82-2462705				Heritage Summit Healthcare, LLC		FL.....	NIA.....	Summit Consulting, LLC	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		59-3409855				Summit Real Estate Holdings, LLC		FL.....	NIA.....	Summit Consulting, LLC	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		10701...	59-1835212			Summit Holding Southeast, Inc.		FL.....	NIA.....	Great American Holding, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
		10335...	59-3269531			Bridgefield Employers Insurance Company		FL.....	IA.....	Summit Holding Southeast, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	
						Bridgefield Casualty Insurance Company		FL.....	IA.....	Bridgefield Employers Insurance Company	Ownership.....	100.000	American Financial Group, Inc.	.....N.....	

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

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

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

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

Aster Explanation

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	31-1544320.....	American Financial Group, Inc.....	717,714,806	.....(153,650,943)	.....	.....	.....	265,715,399	.....	.....	.....	829,779,262
00000.....	98-1073776.....	GAI Insurance Company, Ltd.....										0.....(3,564,000)
00000.....		Lloyd's Syndicate 2468.....										0.....(1,865,000)
00000.....	06-1356481.....	Great American Financial Resources, Inc.....	225,000,000									225,000,000
63312.....	13-1935920.....	Great American Life Insurance Company.....	.....(225,000,000)	17,643,118				.....(178,381,835)	.....			.....(385,738,717)
00000.....	47-5618395.....	GA Key Lime, LLC.....		.....(31,311,628)	.....	.....						.....(31,311,628)
00000.....	45-5565693.....	GALIC - Sorrento, LLC.....		.....88	.....	.....						.....88
00000.....	45-1144095.....	GALIC Pointe, LLC.....		.....(11,426)	.....	.....						.....(11,426)
00000.....	42-1575938.....	Great American Holding, Inc.....	175,000,000	.....(15,000,000)	.....	.....						.....160,000,000
00000.....		Great American International Insurance Designated Activity Company.....										.....0.....29,718,000
23418.....	73-0556513.....	Mid-Continent Casualty Company.....		.....15,000,000	.....	.....			.....*	.....		.....15,000,000.....(3,482,000)
00000.....	34-1607394.....	National Interstate Corporation.....	70,000,000									.....70,000,000
00000.....	98-0191335.....	Hudson Indemnity, Ltd.....										.....0.....(289,533,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....		.....(52,300,000)					.....*	.....		.....(52,300,000).....224,322,000
11051.....	99-0345306.....	National Interstate Insurance Company of Hawaii, Inc.....		.....(1,300,000)					.....*	.....		.....(1,300,000).....16,571,000
00000.....	43-1254631.....	TransProtection Service Company.....		.....(500,000)								.....(500,000)
41106.....	95-3623282.....	Triumphre Casualty Company.....		.....(1,900,000)					.....*	.....		.....(1,900,000).....16,338,000
21172.....	86-0114294.....	Vanliner Insurance Company.....		.....(14,000,000)					.....*	.....		.....(14,000,000).....32,559,000
22179.....	95-2801326.....	Republic Indemnity Company of America.....		.....(175,000,000)	.....7,000,000				.....*	.....		.....(168,000,000).....(51,315,000)
43753.....	31-1054123.....	Republic Indemnity Company of California.....			.....(7,000,000)				.....*	.....		.....(7,000,000)
10335.....	59-3269531.....	Bridgefield Casualty Insurance Company.....							.....*	.....		.....0.....(1,173,000)
16691.....	31-0501234.....	Great American Insurance Company.....		.....(679,377,806)	167,080,791				.....(87,333,564)	.....*	.....	.....(599,630,579).....(715,000)
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....							.....*	.....		.....0.....32,049,000
00000.....	59-2840291.....	Brothers Property Corporation.....		.....(25,400,000)								.....(25,400,000)
00000.....	31-0589001.....	Dempsey & Siders Agency, Inc.....			.....250,000							.....250,000
00000.....	13-3628555.....	FCIA Management Company, Inc.....		.....(237,000)								.....(237,000)
00000.....	31-1765544.....	GAI Warranty Company of Florida.....										.....0.....1,361,000
00000.....	61-1329718.....	Global Premier Finance Company.....		.....(1,300,000)								.....(1,300,000)
26832.....	95-1542353.....	Great American Alliance Insurance Company.....		.....(3,000,000)					.....*	.....		.....(3,000,000)
26344.....	15-6020948.....	Great American Assurance Company.....		.....(1,500,000)					.....*	.....		.....(1,500,000)
00000.....	31-1652643.....	Great American Insurance Agency, Inc.....		.....(400,000)								.....(400,000)
38024.....	31-0974853.....	Great American Lloyd's Insurance Company.....										.....0.....1,835,000
38580.....	31-1288778.....	Great American Protection Insurance Company.....		.....(2,000,000)					.....*	.....		.....(2,000,000)
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....		.....(4,500,000)								.....(4,500,000)
9999999.....	Control Totals.....		0	0	0	0	0	0	0	XXX	0	0
												3,106,000

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

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

Pooling Information

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

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

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

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	WAIVED
<p>The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.</p>	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	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?	YES
48. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
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?	NO
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?	YES

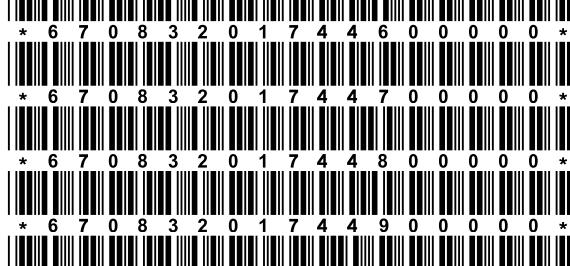
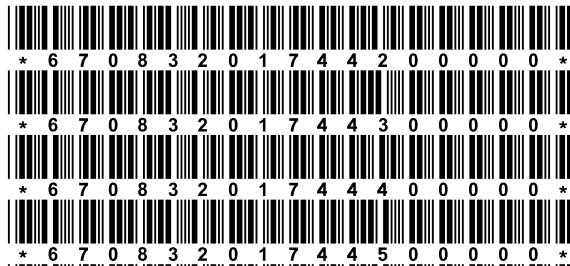
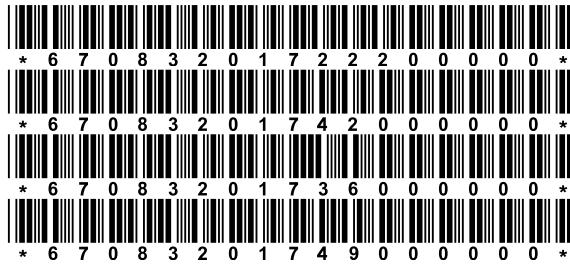
Annual Statement for the year 2017 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
- 15.
- 16.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.
- 35.

BAR CODE:



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

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

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

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

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

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

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

41.

42.

43.

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

45.

46.

47.

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

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

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.



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



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



**Overflow Page
NONE**

**Overflow Page
NONE**

**SCHEDULE O SUPPLEMENT**

For the year ended December 31, 2017
(To Be Filed March 1)

Of The.....MANHATTAN NATIONAL LIFE INSURANCE COMPANY

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

NAIC Group Code.....0084

NAIC Company Code.....67083

Employer's ID Number.....45-0252531

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2013	2 2014	3 2015	4 2016	5 2017 (a)
1. Prior.....					
2. 2013.....					
3. 2014.....	XXX.....				
4. 2015.....	XXX.....	XXX.....			
5. 2016.....	XXX.....	XXX.....	XXX.....		
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

Section B - Other Accident and Health

1. Prior.....	12	12	12	12	12
2. 2013.....					
3. 2014.....	XXX.....	5	6	1	
4. 2015.....	XXX.....	XXX.....			
5. 2016.....	XXX.....	XXX.....	XXX.....	2	6
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	

Section C - Credit Accident and Health

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

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

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

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

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

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 NONE	4 2015	5 2016
1. 2013.....				XXX.....	XXX.....
2. 2014.....	XXX.....				XXX.....
3. 2015.....	XXX.....	XXX.....			
4. 2016.....	XXX.....	XXX.....	XXX.....		
5. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	

Section B - Other Accident and Health

1. 2013.....				XXX.....	XXX.....
2. 2014.....	XXX.....		10	12	12
3. 2015.....	XXX.....	XXX.....			
4. 2016.....	XXX.....	XXX.....	XXX.....		5
5. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	11

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.....	

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

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. 2013.....					
2. 2014.....	XXX.....	10	12	12	12
3. 2015.....	XXX.....	XXX.....			
4. 2016.....	XXX.....	XXX.....	XXX.....	5	11
5. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	

Section C - Credit Accident and Health

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....	Standard Factor.....	4,983
3. Individual annuity.....	Standard Factor.....	1,153
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....	Standard Factor.....	114
11. Total.....		6,250

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

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve Default Component	30	Schedule D – Part 3	E13
Asset Valuation Reserve Equity	32	Schedule D – Part 4	E14
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Part 5	E15
Asset Valuation Reserve	29	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends or Refunds	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	15	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17	Schedule DB – Part D – Section 1	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Part D – Section 2	E23
Exhibit of Life Insurance	25	Schedule DB – Verification	SI14
Exhibit of Net Investment Income	8	Schedule DL – Part 1	E24
Exhibit of Nonadmitted Assets	18	Schedule DL – Part 2	E25
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27	Schedule E – Part 1 – Cash	E26
Five-Year Historical Data	22	Schedule E – Part 2 – Cash Equivalents	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule E – Part 3 – Special Deposits	E28
General Interrogatories	20	Schedule E – Verification Between Years	SI15
Jurat Page	1	Schedule F	36
Liabilities, Surplus and Other Funds	3	Schedule H – Accident and Health Exhibit – Part 1	37
Life Insurance (State Page)	24	Schedule H – Part 2, Part 3 and Part 4	38
Notes To Financial Statements	19	Schedule H – Part 5 – Health Claims	39
Overflow Page For Write-ins	55	Schedule S – Part 1 – Section 1	40
Schedule A – Part 1	E01	Schedule S – Part 1 – Section 2	41
Schedule A – Part 2	E02	Schedule S – Part 2	42
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 1	43
Schedule A – Verification Between Years	SI02	Schedule S – Part 3 – Section 2	44
Schedule B – Part 1	E04	Schedule S – Part 4	45
Schedule B – Part 2	E05	Schedule S – Part 5	46
Schedule B – Part 3	E06	Schedule S – Part 6	47
Schedule B – Verification Between Years	SI02	Schedule S – Part 7	48
Schedule BA – Part 1	E07	Schedule T – Part 2 Interstate Compact	50
Schedule BA – Part 2	E08	Schedule T – Premiums and Annuity Considerations	49
Schedule BA – Part 3	E09	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	51
Schedule BA – Verification Between Years	SI03	Schedule Y – Part 1A – Detail of Insurance Holding Company System	52
Schedule D – Part 1	E10	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	53
Schedule D – Part 1A – Section 1	SI05	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 2	SI08	Summary of Operations	4
		Supplemental Exhibits and Schedules Interrogatories	54