LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

American Retirement Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) NAIC Company Code..... 88366 Employer's ID Number..... 59-2760189

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

Incorporated/Organized..... May 12, 1978 Commenced Business..... November 27, 1978

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

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

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

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

Internet Web Site Address CignaSupplementalBenefits.com

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

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

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

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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	33,156	33,077		15,680	17,253
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	33,156	33,077	0	15,680	17,253
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	33,156	33,077	0	15,680	17,253

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

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,678				5,678
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	5,678	0	0	0	5,678
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	20,615				20,615
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	20,615	0	0	0	20,615
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	9	86,795		(a)					9	86,795
21.	Issued during year									0	0
22.	Other changes to in force (Net)	-	(4,497)							0	(4,497)
23.	In force December 31 of current year	9	82,298	0	(a) 0	0	0	0	0	9	82,298

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	7,871,520	7,858,394		5,704,488	5,907,605
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,871,520	7,858,394	0	5,704,488	5,907,605
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,871,520	7,858,394	0	5,704,488	5,907,605

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

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	685				685
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	685	0	0	0	685
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	18,179				18,179
10.	Matured endowments					0
11.	Annuity benefits	165,098				165,098
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	183,277	0	0	0	183,277
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	18,179							1	18,179
	Settled during current year:										
18.1	By payment in full	1	18,179							1	18,179
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	18,179	0	0	0	0	0	0	1	18,179
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	18,179	0	0	0	0	0	0	1	18,179
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	62	398,316		(a)					62	398,316
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(3,316)							(4)	(3,316)
23.	In force December 31 of current year	58	395,000	0	(a) 0	0	0	0	0	58	395,000

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,851,711	4,822,778		3,709,924	4,071,837
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,851,711	4,822,778	0	3,709,924	4,071,837
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,851,711	4,822,778	0	3,709,924	4,071,837

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,657				3,657
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,657	0	0	0	3,657
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6	53,000		(a)					6	53,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	-	(10,555)							0	(10,555)
23.	In force December 31 of current year	6	42,445	0	(a) 0	0	0	0	0	6	42,445

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,992,924	4,980,804		3,740,603	3,861,939
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,992,924	4,980,804	0	3,740,603	3,861,939
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,992,924	4,980,804	0	3,740,603	3,861,939

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

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	348,954	347,799		338,745	347,923
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	348,954	347,799	0	338,745	347,923
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	348,954	347,799	0	338,745	347,923

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

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DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,727				9,727
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,727	0	0	0	9,727
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	8				8
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	8	0	0	0	8
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	18	142,824		(a)					18	142,824
21.	Issued during year									0	0
22.	Other changes to in force (Net)	-	(11,022)							0	(11,022)
23.	In force December 31 of current year	18	131,802	0	(a) 0	0	0	0	0	18	131,802

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	16,144,557	16,105,088		14,508,237	14,762,512
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	16,144,557	16,105,088	0	14,508,237	14,762,512
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,144,557	16,105,088	0	14,508,237	14,762,512

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	64,949	65,179		52,939	55,730
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	64,949	65,179	0	52,939	55,730
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,949	65,179	0	52,939	55,730

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

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

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,842	5,860		3,004	2,976
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,842	5,860	0	3,004	2,976
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,842	5,860	0	3,004	2,976

(b) For health 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.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,185,477	1,182,045		899,880	934,145
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,185,477	1,182,045	0	899,880	934,145
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,185,477	1,182,045	0	899,880	934,145

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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,896				3,896
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,896	0	0	0	3,896
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	25,291				25,291
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	25,291	0	0	0	25,291
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	7	59,747		(a)					7	59,747
21. Issued during year									0	0
22. Other changes to in force (Net)	1	9,947							1	9,947
23. In force December 31 of current year	8	69,694	0	(a) 0	0	0	0	0	8	69,694

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	11,061,285	10,994,138		6,934,626	7,331,199
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	11,061,285	10,994,138	0	6,934,626	7,331,199
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,061,285	10,994,138	0	6,934,626	7,331,199

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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,844				11,844
2.	Annuity considerations	428				428
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,272	0	0	0	12,272
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	13,276				13,276
10.	Matured endowments					0
11.	Annuity benefits	38,976				38,976
12.	Surrender values and withdrawals for life contracts	2,299				2,299
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	54,551	0	0	0	54,551
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,250							1	5,250
17.	Incurred during current year	3	8,026							3	8,026
	Settled during current year:										
18.1	By payment in full	4	13,276							4	13,276
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	13,276	0	0	0	0	0	0	4	13,276
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	13,276	0	0	0	0	0	0	4	13,276
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	22	145,236		(a)					22	145,236
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(2,482)							(1)	(2,482)
23.	In force December 31 of current year	21	142,754	0	(a) 0	0	0	0	0	21	142,754

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,537,145	9,510,782		7,306,547	7,488,625
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,537,145	9,510,782	0	7,306,547	7,488,625
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,537,145	9,510,782	0	7,306,547	7,488,625

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	232,424				232,424
2.	Annuity considerations	2,473				2,473
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	234,897	0	0	0	234,897
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	51,552				51,552
10.	Matured endowments					0
11.	Annuity benefits	1,132,302				1,132,302
12.	Surrender values and withdrawals for life contracts	28,948				28,948
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	1,212,802	0	0	0	1,212,802
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,250							1	5,250
17.	Incurred during current year	9	46,302							9	46,302
	Settled during current year:										
18.1	By payment in full	10	51,552							10	51,552
18.2	By payment on compromised claims									0	0
18.3	Totals paid	10	51,552	0	0	0	0	0	0	10	51,552
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	10	51,552	0	0	0	0	0	0	10	51,552
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	(0)	0	0	0	0	0	0	0	(0)
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	543	4,044,705		(a)					543	4,044,705
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(28)	(306,935)							(28)	(306,935)
23.	In force December 31 of current year	515	3,737,770	0	(a) 0	0	0	0	0	515	3,737,770

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	345,226,347	344,394,006		281,022,941	289,538,188
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	345,226,347	344,394,006	0	281,022,941	289,538,188
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	345,226,347	344,394,006	0	281,022,941	289,538,188

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,076	2,075		309	336
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,076	2,075	0	309	336
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,076	2,075	0	309	336

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	23,385	23,210		25,150	26,091
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	23,385	23,210	0	25,150	26,091
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,385	23,210	0	25,150	26,091

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

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,374				1,374
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,374	0	0	0	1,374
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,530,117	5,467,444		4,734,385	5,086,940
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,530,117	5,467,444	0	4,734,385	5,086,940
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,530,117	5,467,444	0	4,734,385	5,086,940

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

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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	109,390	110,272		129,979	135,062
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	109,390	110,272	0	129,979	135,062
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	109,390	110,272	0	129,979	135,062

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

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DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	23,065				23,065
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	23,065	0	0	0	23,065
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,000				5,000
10.	Matured endowments					0
11.	Annuity benefits	10,493				10,493
12.	Surrender values and withdrawals for life contracts	395				395
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	15,888	0	0	0	15,888
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	(1)	(5,000)							(1)	(5,000)
17.	Incurred during current year	1	5,000							1	5,000
	Settled during current year:										
18.1	By payment in full	1	5,000							1	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	(1)	(5,000)	0	0	0	0	0	0	(1)	(5,000)
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	43	261,208		(a)					43	261,208
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(10,208)							(3)	(10,208)
23.	In force December 31 of current year	40	251,000	0	(a) 0	0	0	0	0	40	251,000

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	11,047,667	11,038,812		9,540,880	9,740,499
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	11,047,667	11,038,812	0	9,540,880	9,740,499
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,047,667	11,038,812	0	9,540,880	9,740,499

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

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,884				9,884
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,884	0	0	0	9,884
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,047				8,047
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	790				790
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	8,837	0	0	0	8,837
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year	2	8,047							2	8,047
	Settled during current year:										
18.1	By payment in full	2	8,047							2	8,047
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	8,047	0	0	0	0	0	0	2	8,047
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	8,047	0	0	0	0	0	0	2	8,047
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	14	138,000		(a)					14	138,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(28,000)							(3)	(28,000)
23.	In force December 31 of current year	11	110,000	0	(a) 0	0	0	0	0	11	110,000

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	19,021,586	19,003,234		16,412,897	16,529,109
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	19,021,586	19,003,234	0	16,412,897	16,529,109
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,021,586	19,003,234	0	16,412,897	16,529,109

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

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,533				3,533
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,533	0	0	0	3,533
	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
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	136				136
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	136	0	0	0	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
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	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	10	51,000		(a)					10	51,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23.	In force December 31 of current year	9	46,000	0	(a) 0	0	0	0	0	9	46,000

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	11,270,832	11,277,809		10,228,528	10,223,430
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	11,270,832	11,277,809	0	10,228,528	10,223,430
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,270,832	11,277,809	0	10,228,528	10,223,430

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

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,869				7,869
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,869	0	0	0	7,869
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	456				456
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	456	0	0	0	456
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	14	101,000		(a)					14	101,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(27,336)							(1)	(27,336)
23.	In force December 31 of current year	13	73,664	0	(a) 0	0	0	0	0	13	73,664

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,607,369	9,642,255		8,480,718	8,494,642
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,607,369	9,642,255	0	8,480,718	8,494,642
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,607,369	9,642,255	0	8,480,718	8,494,642

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

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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,939				2,939
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,939	0	0	0	2,939
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	36,994				36,994
12.	Surrender values and withdrawals for life contracts	43				43
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	37,037	0	0	0	37,037
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	5	27,541		(a)					5	27,541
21.	Issued during year									0	0
22.	Other changes to in force (Net)	1	387							1	387
23.	In force December 31 of current year	6	27,928	0	(a) 0	0	0	0	0	6	27,928

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,645,240	9,597,001		7,490,028	8,027,192
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,645,240	9,597,001	0	7,490,028	8,027,192
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,645,240	9,597,001	0	7,490,028	8,027,192

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

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	649				649
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	649	0	0	0	649
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1	2,304		(a)					1	2,304
21. Issued during year									0	0
22. Other changes to in force (Net)	1	9,055							1	9,055
23. In force December 31 of current year	2	11,359	0	(a) 0	0	0	0	0	2	11,359

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	86,864	86,681		48,354	51,601
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	86,864	86,681	0	48,354	51,601
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	86,864	86,681	0	48,354	51,601

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

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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	90				90
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	90	0	0	0	90
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,915,849	1,918,481		1,675,082	1,691,831
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,915,849	1,918,481	0	1,675,082	1,691,831
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,915,849	1,918,481	0	1,675,082	1,691,831

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

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	41,128	41,113		21,503	21,710
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	41,128	41,113	0	21,503	21,710
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	41,128	41,113	0	21,503	21,710

(b) For health 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.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	164,763	163,283		118,344	125,659
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	164,763	163,283	0	118,344	125,659
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	164,763	163,283	0	118,344	125,659

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

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	85,963	85,749		58,620	62,513
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	85,963	85,749	0	58,620	62,513
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	85,963	85,749	0	58,620	62,513

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

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DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,108				1,108
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,108	0	0	0	1,108
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	102,756				102,756
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	102,756	0	0	0	102,756
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4	27,295		(a)					4	27,295
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(4,956)							(1)	(4,956)
23.	In force December 31 of current year	3	22,339	0	(a) 0	0	0	0	0	3	22,339

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,325,035	2,320,509		2,127,912	2,158,035
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,325,035	2,320,509	0	2,127,912	2,158,035
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,325,035	2,320,509	0	2,127,912	2,158,035

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

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DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,533				4,533
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,533	0	0	0	4,533
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
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	1,740				1,740
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	1,740	0	0	0	1,740
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9	48,010		(a)					9	48,010
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	9	48,010	0	(a) 0	0	0	0	0	9	48,010

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,271,097	8,255,463		6,611,699	6,728,696
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,271,097	8,255,463	0	6,611,699	6,728,696
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,271,097	8,255,463	0	6,611,699	6,728,696

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

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DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,663				1,663
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,663	0	0	0	1,663
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,527,671	3,509,235		2,731,093	2,851,932
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,527,671	3,509,235	0	2,731,093	2,851,932
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,527,671	3,509,235	0	2,731,093	2,851,932

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

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DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	175,101				175,101
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	175,101	0	0	0	175,101
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	12	60,586		(a)					12	60,586
21. Issued during year									0	0
22. Other changes to in force (Net)	-	1,355							0	1,355
23. In force December 31 of current year	12	61,941	0	(a) 0	0	0	0	0	12	61,941

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,078,970	11,054,611		9,063,792	9,337,195
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	11,078,970	11,054,611	0	9,063,792	9,337,195
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,078,970	11,054,611	0	9,063,792	9,337,195

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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	138,817	138,588		71,873	80,085
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	138,817	138,588	0	71,873	80,085
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	138,817	138,588	0	71,873	80,085

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

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DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,220				5,220
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,220	0	0	0	5,220
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	1,095				1,095
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	1,095	0	0	0	1,095
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,559,694	5,518,592		4,639,346	4,968,226
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,559,694	5,518,592	0	4,639,346	4,968,226
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,559,694	5,518,592	0	4,639,346	4,968,226

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

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,266,393	2,242,737		1,322,104	1,461,932
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,266,393	2,242,737	0	1,322,104	1,461,932
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,266,393	2,242,737	0	1,322,104	1,461,932

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

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	198,622	203,137		184,018	190,506
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	198,622	203,137	0	184,018	190,506
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	198,622	203,137	0	184,018	190,506

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

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

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,571				4,571
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	4,571	0	0	0	4,571
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

(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)	2,143,011	2,129,837		1,622,794	1,714,601
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,143,011	2,129,837	0	1,622,794	1,714,601
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,143,011	2,129,837	0	1,622,794	1,714,601

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

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,402				2,402
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,402	0	0	0	2,402
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	12,195,258	12,135,336		9,628,857	10,039,513
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	12,195,258	12,135,336	0	9,628,857	10,039,513
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,195,258	12,135,336	0	9,628,857	10,039,513

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	167,804	166,743		150,664	157,692
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	167,804	166,743	0	150,664	157,692
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	167,804	166,743	0	150,664	157,692

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

88366201743036100

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	13,568				13,568
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,568	0	0	0	13,568
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		(0)							0	(0)
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	16	142,500		(a)					16	142,500
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	16	142,500	0	(a) 0	0	0	0	0	16	142,500

(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)	15,291,064	15,290,259		12,870,373	13,126,436
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	15,291,064	15,290,259	0	12,870,373	13,126,436
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,291,064	15,290,259	0	12,870,373	13,126,436

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

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,744				9,744
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,744	0	0	0	9,744
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,050				7,050
10.	Matured endowments					0
11.	Annuity benefits	34,442				34,442
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	41,492	0	0	0	41,492
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	7,050							2	7,050
	Settled during current year:										
18.1	By payment in full	2	7,050							2	7,050
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	7,050	0	0	0	0	0	0	2	7,050
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	7,050	0	0	0	0	0	0	2	7,050
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	24	151,030		(a)					24	151,030
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(22,406)							(2)	(22,406)
23.	In force December 31 of current year	22	128,624	0	(a) 0	0	0	0	0	22	128,624

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,258,568	9,255,658		7,923,301	8,073,388
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,258,568	9,255,658	0	7,923,301	8,073,388
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,258,568	9,255,658	0	7,923,301	8,073,388

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	122,024	119,396		96,897	101,868
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	122,024	119,396	0	96,897	101,868
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	122,024	119,396	0	96,897	101,868

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

* 8 8 3 6 6 2 0 1 7 4 3 0 3 9 1 0 0 *

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	18,986				18,986
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,986	0	0	0	18,986
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	118				118
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	0	0	0	118
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	35	289,000		(a)					35	289,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(19,654)							(2)	(19,654)
23. In force December 31 of current year	33	269,346	0	(a) 0	0	0	0	0	33	269,346

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	36,384,559	36,385,882		27,477,494	27,718,841
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	36,384,559	36,385,882	0	27,477,494	27,718,841
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	36,384,559	36,385,882	0	27,477,494	27,718,841

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

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,368	5,366		2,317	2,405
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,368	5,366	0	2,317	2,405
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,368	5,366	0	2,317	2,405

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	257,175	252,115		206,098	210,815
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	257,175	252,115	0	206,098	210,815
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	257,175	252,115	0	206,098	210,815

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

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DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	8,384				8,384
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	8,384	0	0	0	8,384
	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					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	12,812				12,812
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	12,812	0	0	0	12,812
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	15	105,559		(a)					15	105,559
21.	Issued during year									0	0
22.	Other changes to in force (Net)	-	-							0	0
23.	In force December 31 of current year	15	105,559	0	(a) 0	0	0	0	0	15	105,559

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	17,379,569	17,377,301		13,229,860	13,519,231
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	17,379,569	17,377,301	0	13,229,860	13,519,231
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,379,569	17,377,301	0	13,229,860	13,519,231

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

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DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,208				2,208
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,208	0	0	0	2,208
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	4,030				4,030
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	4,030	0	0	0	4,030
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1	10,000		(a)					1	10,000
21. Issued during year									0	0
22. Other changes to in force (Net)	3	24,000							3	24,000
23. In force December 31 of current year	4	34,000	0	(a) 0	0	0	0	0	4	34,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	593,437	599,397		491,963	501,393
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	593,437	599,397	0	491,963	501,393
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	593,437	599,397	0	491,963	501,393

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

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	8,352				8,352
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	8,352	0	0	0	8,352
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	413,621				413,621
12.	Surrender values and withdrawals for life contracts	8,915				8,915
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	422,536	0	0	0	422,536
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	61	445,588		(a)					61	445,588
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(2,082)							(1)	(2,082)
23.	In force December 31 of current year	60	443,506	0	(a) 0	0	0	0	0	60	443,506

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	19,767,659	19,664,100		14,751,919	16,087,873
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	19,767,659	19,664,100	0	14,751,919	16,087,873
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,767,659	19,664,100	0	14,751,919	16,087,873

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

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	26,943				26,943
2.	Annuity considerations	2,045				2,045
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	28,988	0	0	0	28,988
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	59,933				59,933
12.	Surrender values and withdrawals for life contracts	13,330				13,330
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	73,262	0	0	0	73,262
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	67	531,278		(a)					67	531,278
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(66,817)							(4)	(66,817)
23.	In force December 31 of current year	63	464,461	0	(a) 0	0	0	0	0	63	464,461

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	25,390,933	25,438,082		23,743,900	23,733,709
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	25,390,933	25,438,082	0	23,743,900	23,733,709
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,390,933	25,438,082	0	23,743,900	23,733,709

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

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,626				1,626
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,626	0	0	0	1,626
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,841,781	2,814,243		2,406,057	2,570,708
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,841,781	2,814,243	0	2,406,057	2,570,708
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,841,781	2,814,243	0	2,406,057	2,570,708

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

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	35,795				35,795
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	35,795	0	0	0	35,795
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	29,304				29,304
12.	Surrender values and withdrawals for life contracts	2,368				2,368
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	31,672	0	0	0	31,672
	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
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	55	521,368		(a)					55	521,368
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(8)	(114,348)							(8)	(114,348)
23.	In force December 31 of current year	47	407,020	0	(a) 0	0	0	0	0	47	407,020

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
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)	26,768,479	26,565,678		22,091,372	23,293,953
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	26,768,479	26,565,678	0	22,091,372	23,293,953
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,768,479	26,565,678	0	22,091,372	23,293,953

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

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

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

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,363	1,263		769	1,031
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,363	1,263	0	769	1,031
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,363	1,263	0	769	1,031

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	20,221	20,268		16,134	17,373
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	20,221	20,268	0	16,134	17,373
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,221	20,268	0	16,134	17,373

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

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	183,201	182,845		165,639	171,459
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	183,201	182,845	0	165,639	171,459
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	183,201	182,845	0	165,639	171,459

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

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DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,178				1,178
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,178	0	0	0	1,178
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4	34,000		(a)					4	34,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(24,000)							(3)	(24,000)
23. In force December 31 of current year	1	10,000	0	(a) 0	0	0	0	0	1	10,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,479,218	8,499,538		6,786,215	6,879,969
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,479,218	8,499,538	0	6,786,215	6,879,969
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,479,218	8,499,538	0	6,786,215	6,879,969

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

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,343				1,343
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,343	0	0	0	1,343
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,104,573	5,088,679		4,428,264	4,590,123
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,104,573	5,088,679	0	4,428,264	4,590,123
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,104,573	5,088,679	0	4,428,264	4,590,123

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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,855,034	4,795,785		4,000,767	4,250,841
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,855,034	4,795,785	0	4,000,767	4,250,841
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,855,034	4,795,785	0	4,000,767	4,250,841

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	21,940
2. Current year's realized pre-tax capital gains/(losses) of $.....(20,075) transferred into the reserve net of taxes of $.....(7,026)	(13,049)
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)	8,891
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	2,153
6. Reserve as of December 31, current year (Line 4 minus Line 5)	6,738

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	2,858	(705)		2,153
2. 2018	2,975	(1,448)		1,527
3. 2019	3,034	(1,514)		1,520
4. 2020	3,123	(1,566)		1,557
5. 2021	3,215	(1,631)		1,584
6. 2022	2,734	(1,709)		1,025
7. 2023	2,009	(1,566)		443
8. 2024	1,383	(1,253)		130
9. 2025	720	(913)		(193)
10. 2026	35	(561)		(526)
11. 2027	(146)	(183)		(329)
12. 2028				0
13. 2029				0
14. 2030				0
15. 2031				0
16. 2032				0
17. 2033				0
18. 2034				0
19. 2035				0
20. 2036				0
21. 2037				0
22. 2038				0
23. 2039				0
24. 2040				0
25. 2041				0
26. 2042				0
27. 2043				0
28. 2044				0
29. 2045				0
30. 2046				0
31. 2047 and Later				0
32. Total (Lines 1 to 31)	21,940	(13,049)	0	8,891

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	327,981		327,981			0	327,981
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	132,583		132,583			0	132,583
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	460,564	0	460,564	0	0	0	460,564
9. Maximum reserve	659,172		659,172			0	659,172
10. Reserve objective	435,133		435,133			0	435,133
11. 20% of (Line 10 minus Line 8)	(5,086)	0	(5,086)	0	0	0	(5,086)
12. Balance before transfers (Lines 8 + 11)	455,478	0	455,478	0	0	0	455,478
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	455,478	0	455,478	0	0	0	455,478

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	3,349,830	XXX	XXX	3,349,830	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	28,180,227	XXX	XXX	28,180,227	0.0004	11,272	0.0023	64,815	0.0030	84,541
3	2	High quality	63,847,884	XXX	XXX	63,847,884	0.0019	121,311	0.0058	370,318	0.0090	574,631
4	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8)	95,377,941	XXX	XXX	95,377,941	XXX	132,583	XXX	435,132	XXX	659,172
		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	29,226,213	XXX	XXX	29,226,213	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)	29,226,213	XXX	XXX	29,226,213	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)	124,604,154	XXX	XXX	124,604,154	XXX	132,583	XXX	435,132	XXX	659,172

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	344,946,010	XXX		XXX		XXX		XXX		XXX	344,946,010	XXX		XXX		XXX		XXX
2.	Premiums earned	344,381,898	XXX		XXX		XXX		XXX		XXX	344,381,898	XXX		XXX		XXX		XXX
3.	Incurred claims	289,538,183	84.1	0	0.0	0	0.0	0	0.0	0	0.0	289,538,183	84.1	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses	1,007,301	0.3		0.0		0.0		0.0		0.0	1,007,301	0.3		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	290,545,484	84.4	0	0.0	0	0.0	0	0.0	0	0.0	290,545,484	84.4	0	0.0	0	0.0	0	0.0
6	Increase in contract reserves	1,395,252	0.4	0	0.0	0	0.0	0	0.0	0	0.0	1,395,252	0.4	0	0.0	0	0.0	0	0.0
7	Commissions (a)	56,782,520	16.5		0.0		0.0		0.0		0.0	56,782,520	16.5		0.0		0.0		0.0
8	Other general insurance expenses	37,291,277	10.8		0.0		0.0		0.0		0.0	37,291,277	10.8		0.0		0.0		0.0
9	Taxes, licenses and fees	8,535,539	2.5		0.0		0.0		0.0		0.0	8,535,539	2.5		0.0		0.0		0.0
10	Total other expenses incurred	102,609,336	29.8	0	0.0	0	0.0	0	0.0	0	0.0	102,609,336	29.8	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	449,152	0.1	0	0.0	0	0.0	0	0.0	0	0.0	449,152	0.1	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	(50,617,326)	(14.7)	0	0.0	0	0.0	0	0.0	0	0.0	(50,617,326)	(14.7)	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	(50,617,326)	(14.7)	0	0.0	0	0.0	0	0.0	0	0.0	(50,617,326)	(14.7)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Increase in Loading	28,393	0.0		0.0		0.0		0.0		0.0	28,393	0.0		0.0		0.0		0.0
1102.	Penalties	420,759	0.1		0.0		0.0		0.0		0.0	420,759	0.1		0.0		0.0		0.0
1103.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	449,152	0.1	0	0.0	0	0.0	0	0.0	0	0.0	449,152	0.1	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
		Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
	Total								
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	6,344,879					6,344,879			
2. Advance premiums	2,212,919					2,212,919			
3. Reserve for rate credits	0								
4. Total premium reserves, current year	8,557,798	0	0	0	0	8,557,798	0	0	0
5. Total premium reserves, prior year	7,608,390					7,608,390			
6. Increase in total premium reserves	949,408	0	0	0	0	949,408	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	1,917,256					1,917,256			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	1,917,256	0	0	0	0	1,917,256	0	0	0
4. Total contract reserves, prior year	522,004					522,004			
5. Increase in contract reserves	1,395,252	0	0	0	0	1,395,252	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	32,069,735	0	0	0	0	32,069,735	0	0	0
2. Total prior year	23,554,494					23,554,494			
3. Increase	8,515,241	0	0	0	0	8,515,241	0	0	0

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	23,065,620					23,065,620			
1.2 On claims incurred during current year	257,957,322					257,957,322			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	175,276					175,276			
2.2 On claims incurred during current year	31,894,459					31,894,459			
3. Test:									
3.1 Lines 1.1 and 2.1	23,240,896	0	0	0	0	23,240,896	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	23,554,494					23,554,494			
3.3 Line 3.1 minus Line 3.2	(313,598)	0	0	0	0	(313,598)	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	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0								

NONE

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims			289,538,182	289,538,182
2.	Beginning claim reserves and liabilities			23,554,494	23,554,494
3.	Ending claim reserves and liabilities			32,069,735	32,069,735
4.	Claims paid	0	0	281,022,941	281,022,941
B.	Assumed Reinsurance:				
5.	Incurred claims				0
6.	Beginning claim reserves and liabilities				0
7.	Ending claim reserves and liabilities				0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims				0
10.	Beginning claim reserves and liabilities				0
11.	Ending claim reserves and liabilities				0
12.	Claims paid	0	0	0	0
D.	Net:				
13.	Incurred claims	0	0	289,538,182	289,538,182
14.	Beginning claim reserves and liabilities	0	0	23,554,494	23,554,494
15.	Ending claim reserves and liabilities	0	0	32,069,735	32,069,735
16.	Claims paid	0	0	281,022,941	281,022,941
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses			290,545,484	290,545,484
18.	Beginning reserves and liabilities			23,597,419	23,597,419
19.	Ending reserves and liabilities			32,148,166	32,148,166
20.	Paid claims and cost containment expenses	0	0	281,994,737	281,994,737

Sch. S - Pt. 1 - Sn. 1
NONE

Sch. S - Pt. 1 - Sn. 2
NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
82627	06-0839705	01/01/1990	Swiss Re Life & Health America	IN	59,232	36,701
82627	06-0839705	10/01/1990	Swiss Re Life & Health America	IN		7,377
63312	13-1935920	08/31/2013	Great American Life Insurance Company	OH		3,000
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				59,232	47,078
1099999.	Total - Life and Annuity Non-Affiliates				59,232	47,078
1199999.	Total - Life and Annuity				59,232	47,078
2399999.	Total U.S.				59,232	47,078
9999999.	Total				59,232	47,078

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
82627	06-0839705	10/01/1990	Swiss Re Life & Health of America	IN	ACO/I	OA		223,806	244,274	(143)				
82627	06-0839705	01/01/1990	Swiss Re Life & Health of America	IN	ACO/I	OA		10,018,424	10,791,068	2,615				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	993,000	662,400	653,248					
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						993,000	10,904,630	11,688,590	2,472	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						993,000	10,904,630	11,688,590	2,472	0	0	0	0
1199999.	Total - General Account - Authorized						993,000	10,904,630	11,688,590	2,472	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						993,000	10,904,630	11,688,590	2,472	0	0	0	0
6999999.	Total U.S.						993,000	10,904,630	11,688,590	2,472	0	0	0	0
9999999.	Total						993,000	10,904,630	11,688,590	2,472	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
									Reserve Credit	11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190987	.07/01/2014	Cigna Global Reinsurance Company	BMU	CAT/G	A	12,109						
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						12,109	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						12,109	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						12,109	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						12,109	0	0	0	0	0	0
7099999.	Total - Non-U.S.						12,109	0	0	0	0	0	0
9999999.	Total						12,109	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2017	2 2016	3 2015	4 2014	5 2013
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	15	14	24	5	11
2.	Commissions and reinsurance expense allowances	21	23	26	22	45
3.	Contract claims	1,156	1,259	1,363	1,571	1,596
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	1	1	7
9.	Aggregate reserves for life and accident and health contracts	10,905	11,689	12,517	13,453	14,568
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid	47	42	57	52	78
12.	Amounts recoverable on reinsurance	59	61	90	167	230
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	108,890,596		108,890,596
2.	Reinsurance (Line 16)	59,232		59,232
3.	Premiums and considerations (Line 15)	723,880	192	724,072
4.	Net credit for ceded reinsurance	XXX	10,951,516	10,951,516
5.	All other admitted assets (balance)	2,483,918		2,483,918
6.	Total assets excluding Separate Accounts (Line 26)	112,157,626	10,951,708	123,109,334
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	112,157,626	10,951,708	123,109,334
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	8,498,166	10,904,630	19,402,796
10.	Liability for deposit-type contracts (Line 3)			0
11.	Claim reserves (Line 4)	32,073,604	47,078	32,120,682
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	2,212,919		2,212,919
14.	Other contract liabilities (Line 9)	6,738		6,738
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.02 inset amount)			0
18.	Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	9,694,080		9,694,080
20.	Total liabilities excluding Separate Accounts (Line 26)	52,485,507	10,951,708	63,437,215
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	52,485,507	10,951,708	63,437,215
23.	Capital & surplus (Line 38)	59,672,119	XXX	59,672,119
24.	Total liabilities, capital & surplus (Line 39)	112,157,626	10,951,708	123,109,334
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	10,904,630		
26.	Claim reserves	47,078		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	10,951,708		
34.	Premiums and considerations	192		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	192		
41.	Total net credit for ceded reinsurance	10,951,516		

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	5,678	-				5,678
2. Alaska AK	-	-				0
3. Arizona AZ	3,657	-				3,657
4. Arkansas AR	685	-				685
5. California CA	-	-				0
6. Colorado CO	9,727	-				9,727
7. Connecticut CT	-	-				0
8. Delaware DE	-	-				0
9. District of Columbia DC	-	-				0
10. Florida FL	3,896	-				3,896
11. Georgia GA	11,844	428				12,272
12. Hawaii HI	-	-				0
13. Idaho ID	-	-				0
14. Illinois IL	23,065	-				23,065
15. Indiana IN	9,884	-				9,884
16. Iowa IA	1,374	-				1,374
17. Kansas KS	3,533	-				3,533
18. Kentucky KY	7,869	-				7,869
19. Louisiana LA	2,939	-				2,939
20. Maine ME	-	-				0
21. Maryland MD	-	-				0
22. Massachusetts MA	649	-				649
23. Michigan MI	-	-				0
24. Minnesota MN	-	-				0
25. Mississippi MS	4,533	-				4,533
26. Missouri MO	1,108	-				1,108
27. Montana MT	1,663	-				1,663
28. Nebraska NE	5,220	-				5,220
29. Nevada NV	2,402	-				2,402
30. New Hampshire NH	-	-				0
31. New Jersey NJ	-	-				0
32. New Mexico NM	4,571	-				4,571
33. New York NY	-	-				0
34. North Carolina NC	-	-				0
35. North Dakota ND	-	-				0
36. Ohio OH	13,568	-				13,568
37. Oklahoma OK	9,744	-				9,744
38. Oregon OR	-	-				0
39. Pennsylvania PA	18,986	-				18,986
40. Rhode Island RI	-	-				0
41. South Carolina SC	8,384	-				8,384
42. South Dakota SD	2,208	-				2,208
43. Tennessee TN	8,352	-				8,352
44. Texas TX	26,941	2,045				28,986
45. Utah UT	1,626	-				1,626
46. Vermont VT	-	-				0
47. Virginia VA	35,795	-				35,795
48. Washington WA	-	-				0
49. West Virginia WV	1,343	-				1,343
50. Wisconsin WI	1,178	-				1,178
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	232,422	2,473	0	0	0	234,895

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
0901	Cigna Group		06-1059331	1591167	701221	US	Cigna Corporation	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1072796	1591167	701221		Cigna Holdings, Inc.	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0402128	1591167	701221		Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1095823	1591167	701221		Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-0291385	1591167	701221		Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1914061	1591167	701221		Former Cigna Investments, Inc	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0861092	1591167	701221		Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		01-0947889	1591167	701221		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0840391	1591167	701221		Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0585518	1591167	701221		Benefit Management Corp	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12814	20-4433475	1591167	701221		Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3851464	1591167	701221		Allegiance Re, Inc.	MT	IA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0400550	1591167	701221		Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		71-0916514	1591167	701221		Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Community Health Network, LLC	MT	NIA	Benefit Management Corp	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		81-0425785	1591167	701221		Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Star Point, LLC	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1821898	1591167	701221		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0628370	1591167	701221		NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-1929677	1591167	701221		NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	10095	52-2259087	1591167	701221		Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11254	52-2363406	1591167	701221		Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12902	20-8534298	1591167	701221		HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95781	63-0925225	1591167	701221		HealthSpring of Alabama, Inc.	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11532	65-1129599	1591167	701221		HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		77-0632665	1591167	701221		NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-4954206	1591167	701221		NewQuest Management of Florida, LLC	GA	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8647386	1591167	701221		HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-0633893	1591167	701221		NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108527	1591167	701221		TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108521	1591167	701221		HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0657035	1591167	701221		GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		33-1033586	1591167	701221		NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		72-1559530	1591167	701221		HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		62-1540621..	1591167	701221		HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11522	62-1593150..	1591167	701221		HealthSpring of Tennessee, Inc.	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-5524622..	1591167	701221		Tennessee Quest, LLC	TN	NIA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353476..	1591167	701221		HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353772..	1591167	701221		HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-4266628..				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2562415..				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	13733	03-0452349..	1591167	701221		Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-1648670..	1591167	701221		Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		94-3107309..	1591167	701221		Cigna Behavioral Health of California, Inc.	CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-2751090..	1591167	701221		Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1346406..	1591167	701221		MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2308055..	1591167	701221		Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2600475..	1591167	701221		Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11175	59-2675861..	1591167	701221		Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95380	59-2676987..	1591167	701221		Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52021	59-1611217..	1591167	701221		Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1351097..	1591167	701221		Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52024	59-2625350..	1591167	701221		Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52108	59-2619589..	1591167	701221		Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11160	06-1582068..	1591167	701221		Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11167	59-2308062..	1591167	701221		Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95179	56-1803464..	1591167	701221		Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47805	59-2579774..	1591167	701221		Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47041	52-1220578..	1591167	701221		Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95037	59-2676977..	1591167	701221		Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52617	52-2188914..	1591167	701221		Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47013	86-0807222..	1591167	701221		Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	48119	59-2740468..	1591167	701221		Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1312478..	1591167	701221		Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0387748..	1591167	701221		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95125	86-0334392..	1591167	701221		Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		95-3310115..	1591167	701221		Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95604	84-1004500..	1591167	701221		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95660	06-1141174..	1591167	701221		Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group	95136...	59-2089259..	1591167	701221		Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95602...	36-3385638..	1591167	701221		Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		01-0418220..	1591167	701221		Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		02-0402111..	1591167	701221		Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		52-1404350..	1591167	701221		Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95493...	02-0387749..	1591167	701221		Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95500...	22-2720890..	1591167	701221		Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		23-2301807..	1591167	701221		Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95635...	36-3359925..	1591167	701221		Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		62-1230908..	1591167	701221		Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	96229...	58-1641057..	1591167	701221		Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95383...	74-2767437..	1591167	701221		Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95525...	35-1679172..	1591167	701221		Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95606...	62-1218053..	1591167	701221		Cigna HealthCare of Tennesee, Inc.	TN	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95132...	56-1479515..	1591167	701221		Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	95708...	06-1185590..	1591167	701221		Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		00-0000000..	1591167	701221		Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		86-3581583..	1591167	701221		Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		02-0467679..	1591167	701221		Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		00-0000000..	1591167	701221		Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		02-0515554..	1591167	701221		Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		35-1641636..	1591167	701221		Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		84-0985843..	1591167	701221		Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		93-1174749..	1591167	701221		Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		02-0495422..	1591167	701221		Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	64548...	13-2556568..	3281743	701221		Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group	62308...	06-0303370..	1591167	701221		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		45-3481107..	1591167	701221		CG Mystic Center LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		00-0000000..	1591167	701221		Station Landing, LLC	DE	IA	CG Mystic Center LLC	Ownership	.....85.000	Cigna Corporation	.....N.....	
0901	Cigna Group		45-3481241..	1591167	701221		CG Mystic Land LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		20-3870049..	1591167	701221		CG Skyline, LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		00-0000000..	1591167	701221		Skyline ND/CG LLC	MA	IA	CG Skyline LLC	Ownership	.....85.000	Cigna Corporation	.....N.....	
0901	Cigna Group		00-0000000..	1591167	701221		Skyline Mezzanine Borrower LLC	MA	IA	Skyline ND/CG LLC	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		00-0000000..	1591167	701221		Skyline at Station Landing LLC	MA	IA	Skyline Mezzanine Borrower LLC	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		26-0180898..	1591167	701221		CareAllies, LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		00-0000000..	1591167	701221		CG Bayport LLC	DE	IA	Connecticut General Life Insurance Company	Ownership	....100.000	Cigna Corporation	.....N.....	

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0901	Cigna Group		00-0000000	1591167	701221		Bayport Colony Apartments LLC	FL	IA	CG Bayport LLC	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		32-0222252	1591167	701221		Cigna Onsite Health, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000	1591167	701221		Gillette Ridge Community Council, Inc.	CT	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3700105	1591167	701221		Gillette Ridge Golf, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-2149519	1591167	701221		Hazard Center Investment Company LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3074013	1591167	701221		TEL-DRUG of Pennsylvania, L.L.C.	PA	IA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-5402196	1591167	701221		Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CR Longwood Investors L.P.	DE	IA	Cigna Affilates Realty Investment Group, LLC.	Ownership	27.030	Charles River Realty Longwood, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000	1591167	701221		ND/CR Longwood LLC	DE	IA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		ARE/ND/CR Longwood LLC	DE	IA	ND / CR Longwood LLC	Ownership	35.000	ARE-MA Region No. 41, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000	1591167	701221		Secon Properties, LP	CA	IA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Transwestern Federal , L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Market Street Residential Holdings LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Diamondview Tower CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CR Washington Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000	1591167	701221		Dulles Town Center Mall, LLC	VA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		ND/CR Unicorn LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Union Wharf Apartments LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		AMD Apartments Limited Partership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CG Seventh Street LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Ideal Properties II LLC	CA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		80-0668090	1591167	701221		Alessandro Partners, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	95.200	Cigna Corporation	N	
0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation and Newtown Square	N	
0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	

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0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CGGL 18301 LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				UVL, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.400	Cigna Corporation	N	
0901	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
'0901	Cigna Group		81-2481274				CGGL 6280 LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
'0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		27-0268530	1591167	701221		CORAC, LLC	DE	IA	Connecticut General Life Insurance Company.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		27-3582688	1591167	701221		Henry on the Park Associates, LLC	DE	IA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group	67369	59-1031071	1591167	701221		Cigna Health and Life Insurance Company	CT	UDP	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2681649	1591167	701221		CarePlexus, LLC	DE	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3396038	1591167	701221		Cigna Corporate Services, LLC	DE	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1903785	1591167	701221		Cigna Insurance Agency, LLC	CT	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	UIP	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	RE	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		22-3129563				QualCare, Inc	NJ	NIA	QualCare Alliance Networks, Inc	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2086778				Health-Lynx, LLC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0455414				WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
901	Cigna Group		45-2355015				Omada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
0901	Cigna Group		23-1728483	1591167	701221		Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8064696	1591167	701221		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65498	23-1503749	1591167	701221		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		58-1136865	1591167	701221		Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		46-0427127	1591167	701221		Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-0463704	1591167	701221		Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332403	1591167	701221		CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332405	1591167	701221		CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1724116	1591167	701221		Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741293	1591167	701221		Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2924152	1591167	701221		Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741294	1591167	701221		Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1071502	1591167	701221		Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1522976	1591167	701221		Blodget & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1567902	1591167	701221		Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1252419	1591167	701221		Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1533555	1591167	701221		Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2041388	1591167	701221		IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		06-1252418	1591167	701221		LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0334401	1591167	701221		Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0344624	1591167	701221		Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-2760646				CareAllies, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0389196	1591167	701221		Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0111677	1591167	701221		Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2610178	1591167	701221		Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-3087621	1591167	701221		Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		CGO PARTICIPATOS LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		YCFM Servicos LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	N	
0901	Cigna Group		AA-3190987	1591167	701221		Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3009279	1591167	701221		Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Apac Holdings Limited	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		LINA Life Insurance Company of Korea	KOR	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Hong Kong Holdings Company Limited.	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna HLA Technology Services Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		119-599-164.				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		AA-1560515.	1591167	701221		Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	KOR	NIA	Cigna Chestnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.				LINA Financial Service	KOR	NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings Limited	Ownership	49.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Brokerage & Marketing (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		KDM (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Taiwan Life Assurance Company Limited	TWN	IA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1154657.				Cigna Myrtle Holdings, Ltd	MLT	NIA	Cigna Apac Holdings Limited	Ownership	50.540	Cigna Corporation	N	
0901	Cigna Group		98-1155943.				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1181787.				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		AA-1240009.	1591167	701221		Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Oak Holdings, Ltd	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Willow Holdings, Ltd	GBR	NIA	Cigna Oak Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Legal Protection U.K. Ltd	GBR	NIA	Cigna Willow Holdings, LTD	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.				Cigna Sequoia Holdings SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
901..	Cigna Group						Cigna Cedar Holdings, Ltd	MLT	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
901..	Cigna Group		00-0000000.				Cigna Insurance Middle East S.A.L	LBN	IA	Cigna Cedar Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.				Cigna Magnolia Holdings, Ltd	BMU	NIA	Cigna Palmetto Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000.	1591167	701221		Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	TUR	NIA	Cigna Magnolia Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group		00-0000000	1591167	701221		Cigna Nederland Alpha Cooperatief U.A	NLD	NIA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Nederland Beta B.V	NLD	NIA	Cigna Nederland Alpha Cooperatief U.A	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Health Solution India Pvt. Ltd	IND	NIA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc	DE	NIA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc	Ownership	99.160	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		PT PGU Indonesia	IDN	NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	701221		Cigna Global Insurance Company Limited	GBR	IA	Cigna Holdings Overseas, Inc	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CignaTTK Health Insurance Company Limited	IND	NIA	Cigna Holdings Overseas, Inc	Ownership	49.000	TTK (non-affiliate)	N	
0901	Cigna Group	90859	23-2088429	1591167	701221		Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		AA-5360003	1591167	701221		PT. Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc	Ownership	100.000	Cigna Corporation	N	

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

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	35-2562415	Alegis Care Services, LLC									0	
13733	03-0452349	Cigna Arbor Life Insurance Company					(7,926)				(7,926)	
	41-1648670	Cigna Behavioral Health, Inc.	(64,000,000)				(206,261,980)				(270,261,980)	
	94-3107309	Cigna Behavioral Health of California, Inc.					(24,771)				(24,771)	
	75-2751090	Cigna Behavioral Health of Texas, Inc.					(123,855)				(123,855)	
	06-1346406	MCC Independent Practice Association of New York, Inc.									0	
	59-2308055	Cigna Dental Health, Inc.	3,800,000				29,325,680				33,125,680	
	59-2600475	Cigna Dental Health Of California, Inc.	(12,000,000)	16,000,000		(147,500)	(350,736)				3,501,764	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,400,000)	1,000,000			(963,427)				(2,363,427)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(12,131)				(12,131)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,200,000)				(3,792,249)				(12,992,249)	
	06-1351097	Cigna Dental Health of Illinois, Inc.		17,000,000							17,000,000	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(300,000)				(164,485)				(464,485)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,900,000)				(1,118,604)				(5,018,604)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(650,000)				(503,619)				(1,153,619)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,500,000)				(1,504,022)				(3,004,022)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(550,233)				(550,233)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,000,000)				(888,735)				(2,888,735)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(1,650,000)				(603,602)				(2,253,602)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(10,000,000)				(4,265,988)				(14,265,988)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,100,000)				(641,080)				(1,741,080)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(5,000,000)				(88,292)				(5,088,292)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(4,100,000)				(1,178,487)				(5,278,487)	
	62-1312478	Cigna Health Corporation	(43,000,000)				5,583,180				(37,416,820)	
	02-0387748	Healthsource, Inc.	40,000,000	(12,000,000)							28,000,000	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.					(3,991,872)	(256,911)			(4,248,783)	436,856
	95-3310115	Cigna HealthCare of California, Inc.					(5,620,975)				(5,620,975)	6,902,479
95604	84-1004500	Cigna HealthCare of Colorado, Inc.					(116,640)	(85,266)			(201,906)	60,660
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	(37,000,000)				(768,991)	(3,707)			(37,772,698)	2,569
95136	59-2089259	Cigna HealthCare of Florida, Inc.	(1,000,000)				(41,933)	(26,286)			(1,068,219)	18,220
95602	36-3385638	Cigna HealthCare of Illinois, Inc.		12,000,000		(23,000)	(2,788,715)	(1,608,947)			7,579,338	1,480,301
95477	01-0418220	Cigna HealthCare of Maine, Inc.									0	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.									0	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.									0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(8,291)				(8,291)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(2,000,000)				(26,007)	758,668			(1,267,339)	12,050
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.									0	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.					(1,942,501)	233,334			(1,709,167)	53,831
95518	62-1230908	Cigna HealthCare of Utah, Inc.									0	
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(40,826,202)	(38,333)			(40,864,535)	26,570
95383	74-2767437	Cigna HealthCare of Texas, Inc.					(1,291,924)	681,806			(610,118)	679,392
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(19,084)	(11,397)			(30,481)	7,900

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

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

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65269	75-2305400	United Benefit Life Insurance Company					(24,962)				(24,962)	
65722	63-0343428	Loyal American Life Insurance Company		(500,000)			(57,005,517)				(57,505,517)	
88366	59-2760189	American Retirement Life Insurance Company		60,500,000			(29,888,031)				30,611,969	
	23-3744987	QualCare Alliance Networks, Inc.	(10,000,000)								(10,000,000)	
	22-3129563	QualCare, Inc.									0	
	22-2483867	Scibal Associates, Inc.									0	
	46-1634843	QualCare Captive Insurance Company Inc., PCC									0	
	46-1801639	QualCare Management Resources Limited Liability Company									0	
	46-2086778	Health-Lynx, LLC									0	
77399	13-1867829	Sterling Life Insurance Company	(14,500,000)				(4,339,680)				(18,839,680)	
	91-1500758	Olympic Health Management Systems, Inc.	(500,000)								(500,000)	
	91-1599329	Olympic Health Management Services, Inc.									0	
	88-0455414	WorldDoc, Inc.									0	
	45-2355015	Omada Health, Inc.									0	
	23-1728483	Cigna Health Management, Inc.					166,201,621				166,201,621	
	20-8064696	Kronos Optimal Health Company					605,323				605,323	
65498	23-1503749	Life Insurance Company of North America		89,449,380		(68,394)	(26,214,954)	106,787,470			169,953,502	690,821,058
	00-0000000	Cigna & CMB Life Insurance Company Limited					30,696				30,696	
	00-0000000	Cigna & CMB Health Services Company, Ltd.									0	
	58-1136865	Cigna Direct Marketing Company, Inc.									0	
	46-0427127	Tel-Drug, Inc.	(148,000,000)				(143,672)				(148,143,672)	
	00-0000000	Cigna Global Wellbeing Holdings Limited									0	
	00-0000000	Cigna Global Wellbeing Solutions Limited									0	
	98-0463704	Vielife Services, Inc.									0	
	06-1332403	CG Individual Tax Benefits Payments, Inc.									0	
	06-1332405	CG Life Pension Benefits Payments, Inc.									0	
	06-1332401	CG LINA Pension Benefits Payments, Inc.									0	
	62-1724116	Cigna Federal Benefits, Inc.									0	
	23-2741293	Cigna Healthcare Benefits, Inc.									0	
	23-2924152	Cigna Integratedcare, Inc.									0	
	23-2741294	Cigna Managed Care Benefits Company									0	
	06-1071502	Cigna RE Corporation									0	
	06-1522976	Blodget & Hazard Limited									0	
	06-1567902	Cigna Resource Manager, Inc.									0	
	06-1252419	Connecticut General Benefit Payments, Inc.									0	
	06-1533555	Healthsource Benefits, Inc.									0	
	35-2041388	IHN, Inc.					(4,954)				(4,954)	
	06-1252418	LINA Benefit Payments, Inc.									0	
	88-0334401	Mediversal, Inc.									0	
	88-0344624	Universal Claims Administration									0	
	81-2760646	CareAllies, Inc.									0	
	27-1713977	Brighter, Inc.									0	

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	80-0818758	Patient Provider Alliance, Inc.									0	
	51-0389196	Cigna Global Holdings, Inc.	(62,133,894)	219,027,627			642,298				157,536,031	
	51-0111677	Cigna International Corporation, Inc.					63,320				63,320	
	23-2610178	Cigna International Services, Inc.									0	
	30-3087621	Cigna International Marketing (Thailand) Limited									0	
	00-0000000	CGO PARTICIPATOS LTDA									0	
	00-0000000	YCFM Servicos LTDA									0	
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(67,000,000)			68,394	(5,842)	(93,586,135)			(160,523,583)	(103,244,838)
	23-3009279	Cigna Holdings Overseas, Inc.									0	
	00-0000000	Cigna Bellevue Alpha LLC									0	
	46-4110289	Cigna Linden Holdings, Inc.									0	
	98-1146864	Cigna Laurel Holdings, Ltd.									0	
	00-0000000	Cigna Palmetto Holdings, Ltd.									0	
	00-0000000	Cigna Apac Holdings Limited									0	
	00-0000000	Cigna Alder Holdings, LLC									0	
	00-0000000	Cigna Walnut Holdings, Ltd.									0	
	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
	00-0000000	Cigna Nederland Gamma B.V.									0	
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.									0	
	00-0000000	LINA Life Insurance Company of Korea									0	
	00-0000000	Cigna International Services Australia Pty Ltd									0	
	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
	00-0000000	Cigna HLA Technology Services Limited									0	
	00-0000000	Cigna Worldwide General Insurance Company Limited									0	
	00-0000000	Cigna Worldwide Life Insurance Company Limited									0	
	00-0000000	Cigna International Health Services Sdn. Bhd.									0	
	00-0000000	Cigna Life Insurance New Zealand Limited									0	
	00-0000000	Grown Ups New Zealand Limited									0	
	AA-1560515	Cigna Life Insurance Company of Canada					(9,736,967)	(320,035)			(10,057,002)	517,292
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company									0	
	00-0000000	LINA Financial Service									0	
	00-0000000	RHP (Thailand) Limited									0	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited									0	
	00-0000000	KDM (Thailand) Limited									0	
	00-0000000	Cigna Insurance Public Company Limited									0	
	00-0000000	Cigna Taiwan Life Assurance Company Limited									0	
	98-1154657	Cigna Myrtle Holdings, Ltd.									0	
	98-1155943	Cigna Elmwood Holdings, SPRL									0	
	98-1181787	Cigna Beechwood Holdings									0	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(9,490)	(992,997)			(1,002,487)	350,638
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.									0	

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	00-0000000	Cigna European Services (UK) Limited									0	
	00-0000000	CIGNA 2000 UK Pension LTD									0	
	00-0000000	Cigna Oak Holdings, Ltd									0	
	00-0000000	Cigna Willow Holdings, Ltd									0	
	00-0000000	FirstAssist Administration Limited									0	
	00-0000000	Cigna Legal Protection U.K. Ltd									0	
	00-0000000	Cigna Insurance Services (Europe) Limited									0	
	00-0000000	Cigna International Health Services, BVBA									0	
	00-0000000	Cigna International Health Services, LLC									0	
	00-0000000	Cigna International Health Services Kenya Limited									0	
	00-0000000	Cigna Sequoia Holdings SPRL									0	
	00-0000000	Cigna Cedar Holdings, Ltd									0	
	00-0000000	Cigna Insurance Middle East S.A.L.									0	
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd									0	
	00-0000000	Cigna Magnolia Holdings, Ltd									0	
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna T									0	
	00-0000000	Cigna Nederland Alpha Cooperatief U.A.									0	
	00-0000000	Cigna Nederland Beta B.V.									0	
	00-0000000	Cigna Health Solution India Pvt. Ltd									0	
	46-4099800	Cigna Poplar Holdings, Inc									0	
	00-0000000	PT GAR Indonesia									0	
	00-0000000	PT PGU Indonesia									0	
	00-0000000	Cigna Global Insurance Company Limited					(4,156,463)	(21,270)			(4,177,733)	
	00-0000000	CignaTTK Health Insurance Company Limited									0	
90859	23-2088429	Cigna Worldwide Insurance Company					(79,781)	546,248			466,467	3,262,187
	AA-5360003	PT. Asuransi Cigna									0	
	00-0000000	Cigna Teak Holdings, LLC									0	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	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?	NO
43.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
46.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	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?	NO
52.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
53.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.
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8.
9.
10.
11.
12. The data for this supplement is not required to be filed.
13.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16.
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.
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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:

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.

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

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

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

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

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3	All Other Lines		
	Life	Cost Containment	All Other	of Business	Investment	Total
09.304. TPA Service Fees	64,055					64,055
09.305. Consulting Fees	14		24,928			24,942
09.397. Summary of remaining write-ins for Line 9.3	64,069	0	24,928	0	0	88,997

Overflow Page for Write-Ins

NONE

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-AL	F	NO	34000	12/28/2012				Medicare Supplement	1,680,911	1,263,452	75.2	708	667,861	507,766	76.0	307
YES	AR-MS-AA-G-AL	G	NO	34000	12/28/2012				Medicare Supplement	598,426	494,682	82.7	317	604,682	471,602	78.0	377
YES	AR-MS-AA-N-AL	N	NO	34000	12/28/2012				Medicare Supplement	161,145	101,035	62.7	106	169,855	136,881	80.6	124
YES	AR-MSD-AA-F-AL	F	NO	204000	01/17/2013				Medicare Supplement	232,887	219,973	94.5	92	332,313	206,749	62.2	157
YES	AR-MSD-AA-G-AL	G	NO	204000	01/17/2013				Medicare Supplement	115,937	75,766	65.4	54	311,758	259,052	83.1	183
YES	AR-MSD-AA-N-AL	N	NO	204000	01/17/2013				Medicare Supplement	27,794	18,042	64.9	20	116,486	70,536	60.6	86
YES	AR-MSX-AA-F-AL	F	NO	30500	03/27/2015				Medicare Supplement	-	-	0.0	-	1,216,420	918,218	75.5	611
YES	AR-MSX-AA-G-AL	G	NO	30500	03/27/2015				Medicare Supplement	-	-	0.0	-	1,144,935	837,068	73.1	637
YES	AR-MSX-AA-HDF-AL	F	NO	30500	03/27/2015				Medicare Supplement	-	-	0.0	-	67,108	25,481	38.0	93
YES	AR-MSX-AA-N-AL	N	NO	30500	03/27/2015				Medicare Supplement	-	-	0.0	-	455,868	308,460	67.7	303
0199999.	Total Policy Experience on Individual Policies									2,817,100	2,172,950	77.1	1,297	5,087,286	3,741,813	73.6	2,878

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-CR-F-AR	F	NO	34000	.03/06/2013				Medicare Supplement	365,247	375,934	102.9	167	383,726	304,165	79.3	193
YES	AR-MS-CR-G-AR	G	NO	34000	.03/06/2013				Medicare Supplement	95,836	65,339	68.2	69	3,192,995	2,595,179	81.3	3,558
YES	AR-MS-CR-N-AR	N	NO	34000	.03/06/2013				Medicare Supplement	30,088	14,339	47.7	20	67,186	47,226	70.3	51
YES	AR-MSD-CR-A-AR	A	NO	204000	.04/02/2013				Medicare Supplement	-	-	0.0	-	78	-	0.0	-
YES	AR-MSD-CR-F-AR	F	NO	204000	.04/02/2013				Medicare Supplement	114,951	106,375	92.5	56	123,085	93,182	75.7	64
YES	AR-MSD-CR-G-AR	G	NO	204000	.04/02/2013				Medicare Supplement	32,916	24,607	74.8	23	181,461	216,375	119.2	178
YES	AR-MSD-CR-N-AR	N	NO	204000	.04/02/2013				Medicare Supplement	17,291	26,805	155.0	12	24,969	24,515	98.2	19
YES	AR-MSX-CR-F-AR	F	NO	30500	.05/22/2015				Medicare Supplement	-	-	0.0	-	83,541	69,104	82.7	39
YES	AR-MSX-CR-G-AR	G	NO	30500	.05/22/2015				Medicare Supplement	-	-	0.0	-	41,633	52,538	126.2	24
YES	AR-MSX-CR-HDF-AR	F	NO	30500	.05/22/2015				Medicare Supplement	-	-	0.0	-	10,094	5,901	58.5	16
YES	AR-MSX-CR-N-AR	N	NO	30500	.05/22/2015				Medicare Supplement	-	-	0.0	-	42,981	49,073	114.2	27
0199999.	Total Policy Experience on Individual Policies									656,329	613,399	93.5	347	4,151,749	3,457,258	83.3	4,169

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-AZ	F	NO	34000	04/03/2013				Medicare Supplement	545,830	457,288	83.8	231	182,121	152,281	83.6	80
YES	AR-MS-IA-G-AZ	G	NO	34000	04/03/2013				Medicare Supplement	223,991	167,227	74.7	118	165,119	104,181	63.1	90
YES	AR-MS-IA-N-AZ	N	NO	34000	04/03/2013				Medicare Supplement	52,655	39,170	74.4	34	16,721	18,347	109.7	9
YES	AR-MSD-IA-F-AZ	F	NO	204000	06/06/2013				Medicare Supplement	124,784	104,304	83.6	48	311,240	194,088	62.4	125
YES	AR-MSD-IA-G-AZ	G	NO	204000	06/06/2013				Medicare Supplement	65,230	52,736	80.8	32	277,439	180,376	65.0	141
YES	AR-MSD-IA-N-AZ	N	NO	204000	06/06/2013				Medicare Supplement	32,474	25,011	77.0	21	117,327	57,074	48.6	67
YES	AR-MSX-IA-F-AZ	F	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0	-	1,594,589	1,327,734	83.3	703
YES	AR-MSX-IA-G-AZ	G	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0	-	427,961	342,638	80.1	245
YES	AR-MSX-IA-HDF-AZ	F	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0	-	141,321	54,543	38.6	165
YES	AR-MSX-IA-N-AZ	N	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0	-	433,324	301,927	69.7	283
0199999.	Total Policy Experience on Individual Policies									1,044,964	845,736	80.9	484	3,667,162	2,733,189	74.5	1,908

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-CO	F	NO	34060	.05/21/2013				Medicare Supplement	5,326,296	4,946,646	92.9	2,163	3,342,625	3,746,917	112.1	1,446
YES	AR-MS-AA-G-CO	G	NO	34060	.05/21/2013				Medicare Supplement	1,480,561	1,117,701	75.5	800	2,744,274	2,466,315	89.9	1,928
YES	AR-MS-AA-N-CO	N	NO	34060	.05/21/2013				Medicare Supplement	371,721	272,927	73.4	259	713,834	480,063	67.3	612
YES	AR-MSD-AA-F-CO	F	NO	204060	.08/23/2013				Medicare Supplement	206,842	187,834	90.8	86	509,290	545,186	107.0	225
YES	AR-MSD-AA-G-CO	G	NO	204060	.08/23/2013				Medicare Supplement	126,906	70,836	55.8	74	601,402	521,245	86.7	396
YES	AR-MSD-AA-N-CO	N	NO	204060	.08/23/2013				Medicare Supplement	32,579	15,681	48.1	23	191,004	115,264	60.3	139
YES	AR-MSX-AA-F-CO	F	NO	30560	.10/12/2015				Medicare Supplement	-	-	0.0	-	555,055	489,513	88.2	303
YES	AR-MSX-AA-G-CO	G	NO	30560	.10/12/2015				Medicare Supplement	-	-	0.0	-	257,179	189,682	73.8	165
YES	AR-MSX-AA-HDF-CO	F	NO	30560	.10/12/2015				Medicare Supplement	-	-	0.0	-	62,835	19,856	31.6	91
YES	AR-MSX-AA-N-CO	N	NO	30560	.10/12/2015				Medicare Supplement	-	-	0.0	-	110,396	112,193	101.6	77
0199999.	Total Policy Experience on Individual Policies									7,544,905	6,611,625	87.6	3,405	9,087,894	8,686,234	95.6	5,382

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-DE	A	NO	34060	03/15/2013				Medicare Supplement	-	-	0.0	-	4,386	754	17.2	2
YES	AR-MS-AA-F-DE	F	NO	34060	03/15/2013				Medicare Supplement	211,877	165,724	78.2	79	134,746	128,784	95.6	52
YES	AR-MS-AA-G-DE	G	NO	34060	03/15/2013				Medicare Supplement	117,623	71,396	60.7	53	92,623	149,776	161.7	60
YES	AR-MS-AA-N-DE	N	NO	34060	03/15/2013				Medicare Supplement	34,778	19,026	54.7	22	59,002	62,962	106.7	44
YES	AR-MSD-AA-F-DE	F	NO	204060	04/09/2013				Medicare Supplement	70,110	42,755	61.0	25	43,030	23,614	54.9	17
YES	AR-MSD-AA-G-DE	G	NO	204060	04/09/2013				Medicare Supplement	71,569	67,093	93.7	34	38,309	11,273	29.4	24
YES	AR-MSD-AA-N-DE	N	NO	204060	04/09/2013				Medicare Supplement	29,672	18,151	61.2	17	42,705	21,777	51.0	31
YES	AR-MSX-AA-F-DE	F	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0	-	36,044	17,126	47.5	16
YES	AR-MSX-AA-G-DE	G	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0	-	36,609	30,292	82.7	18
YES	AR-MSX-AA-HDF-DE	F	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0	-	12,927	25,576	197.8	17
YES	AR-MSX-AA-N-DE	N	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0	-	51,725	23,237	44.9	36
0199999.	Total Policy Experience on Individual Policies									535,629	384,145	71.7	230	552,106	495,171	89.7	317

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-A-FL	A	NO	34060	01/10/2014				Medicare Supplement	16,144	29,177	180.7	3	69,818	82,047	117.5	21
YES	AR-MS-IA-F-FL	F	NO	34060	01/10/2014				Medicare Supplement	306,624	272,319	88.8	110	2,711,953	2,026,642	74.7	1,020
YES	AR-MS-IA-G-FL	G	NO	34060	01/10/2014				Medicare Supplement	186,743	94,438	50.6	66	2,581,800	1,644,759	63.7	1,129
YES	AR-MS-IA-N-FL	N	NO	34060	01/10/2014				Medicare Supplement	115,762	36,354	31.4	51	2,082,203	1,147,794	55.1	1,129
YES	AR-MSD-IA-F-FL	F	NO	204060	04/24/2014				Medicare Supplement	37,683	25,650	68.1	12	571,121	393,956	69.0	224
YES	AR-MSD-IA-G-FL	G	NO	204060	04/24/2014				Medicare Supplement	21,821	5,247	24.0	7	537,389	283,100	52.7	246
YES	AR-MSD-IA-N-FL	N	NO	204060	04/24/2014				Medicare Supplement	5,954	3,417	57.4	2	347,173	191,083	55.0	178
0199999.	Total Policy Experience on Individual Policies									690,731	466,602	67.6	251	8,901,457	5,769,381	64.8	3,947

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-GA	F	NO	34060	07/22/2013				Medicare Supplement	809,849	794,745	98.1	361	376,213	356,403	94.7	170
YES	AR-MS-IA-G-GA	G	NO	34060	07/22/2013				Medicare Supplement	335,269	270,951	80.8	179	348,849	241,757	69.3	187
YES	AR-MS-IA-N-GA	N	NO	34060	07/22/2013				Medicare Supplement	96,481	69,418	71.9	57	116,747	112,059	96.0	76
YES	AR-MSD-IA-F-GA	F	NO	204060	10/22/2013				Medicare Supplement	159,962	131,642	82.3	62	377,009	326,726	86.7	153
YES	AR-MSD-IA-G-GA	G	NO	204060	10/22/2013				Medicare Supplement	97,098	87,724	90.3	46	361,974	201,823	55.8	184
YES	AR-MSD-IA-N-GA	N	NO	204060	10/22/2013				Medicare Supplement	44,898	21,398	47.7	31	182,988	148,853	81.3	110
YES	AR-MSX-IA-F-GA	F	NO	30560	06/26/2015				Medicare Supplement	-	-	0.0	-	4,172,535	3,172,010	76.0	2,035
YES	AR-MSX-IA-G-GA	G	NO	30560	06/26/2015				Medicare Supplement	-	-	0.0	-	1,190,721	1,008,458	84.7	657
YES	AR-MSX-IA-HDF-GA	F	NO	30560	06/26/2015				Medicare Supplement	-	-	0.0	-	157,460	52,401	33.3	195
YES	AR-MSX-IA-N-GA	N	NO	30560	06/26/2015				Medicare Supplement	-	-	0.0	-	602,087	391,254	65.0	400
0199999.	Total Policy Experience on Individual Policies									1,543,557	1,375,878	89.1	736	7,886,583	6,011,744	76.2	4,167

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MSX-AA-N-IA	N	NO	30500	05/11/2015				Medicare Supplement	-	-	0.0	-	114,709	95,673	83.4	79
YES	AR-MS-AA-F-IA	F	NO	34000	02/04/2013				Medicare Supplement	713,894	632,173	88.6	284	345,134	376,689	109.1	168
YES	AR-MS-AA-G-IA	G	NO	34000	02/04/2013				Medicare Supplement	63,863	37,859	59.3	44	2,900,457	2,672,922	92.2	3,392
YES	AR-MS-AA-N-IA	N	NO	34000	02/04/2013				Medicare Supplement	21,165	12,506	59.1	15	54,035	83,183	153.9	35
YES	AR-MSD-AA-F-IA	F	NO	204000	03/05/2013				Medicare Supplement	87,510	111,770	127.7	41	160,786	214,113	133.2	86
YES	AR-MSD-AA-G-IA	G	NO	204000	03/05/2013				Medicare Supplement	9,503	21,530	226.6	8	327,550	315,219	96.2	347
YES	AR-MSD-AA-N-IA	N	NO	204000	03/05/2013				Medicare Supplement	11,955	38,783	324.4	8	30,541	24,900	81.5	19
YES	AR-MSX-AA-F-IA	F	NO	30500	05/11/2015				Medicare Supplement	-	-	0.0	-	481,217	376,543	78.2	257
YES	AR-MSX-AA-G-IA	G	NO	30500	05/11/2015				Medicare Supplement	-	-	0.0	-	162,215	116,557	71.9	95
YES	AR-MSX-AA-HDF-IA	F	NO	30500	05/11/2015				Medicare Supplement	-	-	0.0	-	17,817	9,919	55.7	32
0199999.	Total Policy Experience on Individual Policies									907,890	854,621	94.1	400	4,594,461	4,285,718	93.3	4,510

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-IL	F	NO	34060	02/09/2013				Medicare Supplement	3,127,889	2,663,294	85.1	1,338	1,161,634	1,034,125	89.0	539
YES	AR-MS-AA-G-IL	G	NO	34060	02/09/2013				Medicare Supplement	500,951	575,382	114.9	254	426,647	360,001	84.4	222
YES	AR-MS-AA-N-IL	N	NO	34060	02/09/2013				Medicare Supplement	229,278	206,721	90.2	135	107,303	72,097	67.2	74
YES	AR-MSD-AA-F-IL	F	NO	204060	04/11/2013				Medicare Supplement	143,859	152,868	106.3	61	679,991	781,003	114.9	294
YES	AR-MSD-AA-G-IL	G	NO	204060	04/11/2013				Medicare Supplement	91,974	90,905	98.8	46	465,205	355,443	76.4	254
YES	AR-MSD-AA-N-IL	N	NO	204060	04/11/2013				Medicare Supplement	29,863	20,049	67.1	19	208,878	153,891	73.7	136
YES	AR-MSX-AA-F-IL	F	NO	30560	04/27/2015				Medicare Supplement	-	-	0.0	-	2,043,825	1,944,072	95.1	1,003
YES	AR-MSX-AA-G-IL	G	NO	30560	04/27/2015				Medicare Supplement	-	-	0.0	-	910,590	737,206	81.0	509
YES	AR-MSX-AA-HDF-IL	F	NO	30560	04/27/2015				Medicare Supplement	-	-	0.0	-	42,607	10,607	24.9	59
YES	AR-MSX-AA-N-IL	N	NO	30560	04/27/2015				Medicare Supplement	-	-	0.0	-	1,000,105	691,890	69.2	672
0199999.	Total Policy Experience on Individual Policies									4,123,814	3,709,219	89.9	1,853	7,046,785	6,140,335	87.1	3,762

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-IN	A	NO	34000	04/02/2013				Medicare Supplement	1,312	13	1.0	1	2,932	708	24.1	2
YES	AR-MS-AA-F-IN	F	NO	34000	04/02/2013				Medicare Supplement	7,826,671	6,833,316	87.3	3,911	4,355,546	3,824,057	87.8	2,390
YES	AR-MS-AA-G-IN	G	NO	34000	04/02/2013				Medicare Supplement	1,767,843	1,737,120	98.3	1,082	2,050,000	1,443,855	70.4	1,358
YES	AR-MS-AA-N-IN	N	NO	34000	04/02/2013				Medicare Supplement	898,068	812,048	90.4	619	742,126	535,862	72.2	546
YES	AR-MSD-AA-F-IN	F	NO	204000	07/23/2013				Medicare Supplement	243,920	233,854	95.9	118	682,493	748,713	109.7	328
YES	AR-MSD-AA-G-IN	G	NO	204000	07/23/2013				Medicare Supplement	113,628	74,853	65.9	67	494,505	410,942	83.1	292
YES	AR-MSD-AA-N-IN	N	NO	204000	07/23/2013				Medicare Supplement	53,679	20,893	38.9	38	115,030	68,751	59.8	82
0199999.	Total Policy Experience on Individual Policies									10,905,121	9,712,097	89.1	5,836	8,442,632	7,032,888	83.3	4,998

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-KS	F	NO	34060	.05/29/2013				Medicare Supplement	5,567,730	5,274,718	94.7	2,425	2,108,837	2,019,537	95.8	998
YES	AR-MS-AA-G-KS	G	NO	34060	.05/29/2013				Medicare Supplement	1,025,887	773,406	75.4	567	1,094,802	893,522	81.6	674
YES	AR-MS-AA-N-KS	N	NO	34060	.05/29/2013				Medicare Supplement	493,907	406,813	82.4	336	318,192	249,149	78.3	235
YES	AR-MSD-AA-F-KS	F	NO	204060	.08/05/2013				Medicare Supplement	155,776	211,278	135.6	65	264,565	201,187	76.0	121
YES	AR-MSD-AA-G-KS	G	NO	204060	.08/05/2013				Medicare Supplement	75,139	74,931	99.7	39	267,826	194,928	72.8	151
YES	AR-MSD-AA-N-KS	N	NO	204060	.08/05/2013				Medicare Supplement	28,651	33,158	115.7	18	73,422	34,956	47.6	53
0199999.	Total Policy Experience on Individual Policies									7,347,090	6,774,304	92.2	3,450	4,127,644	3,593,279	87.1	2,232

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-KY	F	NO	34060	.01/16/2013				Medicare Supplement	3,204,544	2,728,083	85.1	1,347	2,991,978	3,170,407	106.0	1,243
YES	AR-MS-AA-G-KY	G	NO	34060	.01/16/2013				Medicare Supplement	758,448	589,360	77.7	427	859,256	622,767	72.5	488
YES	AR-MS-AA-N-KY	N	NO	34060	.01/16/2013				Medicare Supplement	258,198	196,507	76.1	172	413,096	248,872	60.2	265
YES	AR-MSD-AA-F-KY	F	NO	204060	.02/21/2013				Medicare Supplement	309,279	202,820	65.6	129	450,007	510,466	113.4	194
YES	AR-MSD-AA-G-KY	G	NO	204060	.02/21/2013				Medicare Supplement	104,482	48,474	46.4	58	277,806	182,248	65.6	146
YES	AR-MSD-AA-N-KY	N	NO	204060	.02/21/2013				Medicare Supplement	35,735	23,770	66.5	22	95,536	139,447	146.0	67
0199999.	Total Policy Experience on Individual Policies									4,670,686	3,789,014	81.1	2,155	5,087,679	4,874,207	95.8	2,403

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-LA	A	NO	34060	.01/23/2013				Medicare Supplement	-	-	0.0	-	1,591	2,020	127.0	1
YES	AR-MS-AA-F-LA	F	NO	34060	.01/23/2013				Medicare Supplement	1,154,037	983,787	85.2	481	1,012,116	843,354	83.3	486
YES	AR-MS-AA-G-LA	G	NO	34060	.01/23/2013				Medicare Supplement	289,800	314,740	108.6	196	3,717,631	2,994,746	80.6	4,049
YES	AR-MS-AA-N-LA	N	NO	34060	.01/23/2013				Medicare Supplement	85,545	76,167	89.0	50	117,545	126,698	107.8	64
YES	AR-MSD-AA-F-LA	F	NO	204060	.02/21/2013				Medicare Supplement	159,401	114,650	71.9	63	284,611	227,736	80.0	129
YES	AR-MSD-AA-G-LA	G	NO	204060	.02/21/2013				Medicare Supplement	55,825	46,276	82.9	36	454,517	387,183	85.2	416
YES	AR-MSD-AA-N-LA	N	NO	204060	.02/21/2013				Medicare Supplement	36,669	56,546	154.2	25	65,074	94,143	144.7	44
YES	AR-MSX-AA-A-LA	A	NO	30560	.06/09/2015				Medicare Supplement	-	-	0.0	-	2,239	11	0.5	1
YES	AR-MSX-AA-F-LA	F	NO	30560	.06/09/2015				Medicare Supplement	-	-	0.0	-	1,006,802	800,490	79.5	490
YES	AR-MSX-AA-G-LA	G	NO	30560	.06/09/2015				Medicare Supplement	-	-	0.0	-	433,781	315,678	72.8	241
YES	AR-MSX-AA-HDF-LA	F	NO	30560	.06/09/2015				Medicare Supplement	-	-	0.0	-	98,532	77,926	79.1	116
YES	AR-MSX-AA-N-LA	N	NO	30560	.06/09/2015				Medicare Supplement	-	-	0.0	-	631,454	533,530	84.5	403
0199999.	Total Policy Experience on Individual Policies									1,781,277	1,592,166	89.4	851	7,825,893	6,403,515	81.8	6,440

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-MD	A	NO	34000	07/02/2013				Medicare Supplement	28,883	33,115	114.7	12	74,624	124,856	167.3	34
YES	AR-MS-AA-F-MD	F	NO	34000	07/02/2013				Medicare Supplement	321,265	262,831	81.8	119	151,333	150,083	99.2	56
YES	AR-MS-AA-G-MD	G	NO	34000	07/02/2013				Medicare Supplement	182,949	186,159	101.8	80	136,170	109,395	80.3	65
YES	AR-MS-AA-N-MD	N	NO	34000	07/02/2013				Medicare Supplement	97,772	95,183	97.4	51	52,166	89,824	172.2	30
YES	AR-MSD-AA-A-MD	A	NO	204060	09/26/2013				Medicare Supplement	-	-	0.0	-	26,909	20,317	75.5	12
YES	AR-MSD-AA-F-MD	F	NO	204000	09/26/2013				Medicare Supplement	64,336	53,844	83.7	23	284,750	187,742	65.9	104
YES	AR-MSD-AA-G-MD	G	NO	204000	09/26/2013				Medicare Supplement	72,097	85,211	118.2	31	186,448	103,669	55.6	89
YES	AR-MSD-AA-N-MD	N	NO	204000	09/26/2013				Medicare Supplement	39,966	34,400	86.1	20	166,102	104,443	62.9	87
0199999.	Total Policy Experience on Individual Policies									807,268	750,743	93.0	336	1,078,502	890,329	82.6	477

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GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-MO	F	NO	34060	.04/11/2013				Medicare Supplement	481,896	434,100	90.1	184	502,165	509,856	101.5	211
YES	AR-MS-IA-G-MO	G	NO	34060	.04/11/2013				Medicare Supplement	63,939	135,872	212.5	26	151,413	74,744	49.4	81
YES	AR-MS-IA-N-MO	N	NO	34060	.04/11/2013				Medicare Supplement	134,739	146,052	108.4	68	151,648	84,500	55.7	86
YES	AR-MSD-IA-F-MO	F	NO	204060	.06/12/2013				Medicare Supplement	61,194	56,416	92.2	23	216,142	323,807	149.8	80
YES	AR-MSD-IA-G-MO	G	NO	204060	.06/12/2013				Medicare Supplement	44,665	32,867	73.6	20	194,998	116,991	60.0	89
YES	AR-MSD-IA-N-MO	N	NO	204060	.06/12/2013				Medicare Supplement	23,904	12,507	52.3	14	87,750	52,129	59.4	51
0199999.	Total Policy Experience on Individual Policies									810,337	817,814	100.9	335	1,304,116	1,162,027	89.1	598

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GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-MS	A	NO	34060	.01/22/2013				Medicare Supplement	1,564	379	24.2	1	-	-	0.0	-
YES	AR-MS-AA-F-MS	F	NO	34060	.01/22/2013				Medicare Supplement	3,133,150	2,758,824	88.1	1,453	949,635	858,415	90.4	471
YES	AR-MS-AA-G-MS	G	NO	34060	.01/22/2013				Medicare Supplement	357,566	271,047	75.8	197	346,599	234,025	67.5	188
YES	AR-MS-AA-N-MS	N	NO	34060	.01/22/2013				Medicare Supplement	174,925	116,624	66.7	106	242,943	152,569	62.8	134
YES	AR-MSD-AA-F-MS	F	NO	204060	.03/08/2013				Medicare Supplement	295,554	241,037	81.6	136	344,381	271,006	78.7	168
YES	AR-MSD-AA-G-MS	G	NO	204060	.03/08/2013				Medicare Supplement	69,340	87,519	126.2	39	143,487	95,477	66.5	86
YES	AR-MSD-AA-N-MS	N	NO	204060	.03/08/2013				Medicare Supplement	27,798	35,221	126.7	16	95,228	63,507	66.7	57
YES	AR-MSX-AA-F-MS	F	NO	30560	.06/23/2015				Medicare Supplement	-	-	0.0	-	1,123,535	948,917	84.5	610
YES	AR-MSX-AA-G-MS	G	NO	30500	.06/23/2015				Medicare Supplement	-	-	0.0	-	433,064	305,480	70.5	265
YES	AR-MSX-AA-HDF-MS	F	NO	30500	.06/23/2015				Medicare Supplement	-	-	0.0	-	52,727	35,927	68.1	68
YES	AR-MSX-AA-N-MS	N	NO	30500	.06/23/2015				Medicare Supplement	-	-	0.0	-	530,977	365,294	68.8	386
0199999.	Total Policy Experience on Individual Policies									4,059,897	3,510,651	86.5	1,948	4,262,576	3,330,617	78.1	2,433

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-MT	F	NO	34060	01/25/2013				Medicare Supplement	777,504	703,212	90.4	414	1,084,135	913,672	84.3	765
YES	AR-MS-AA-G-MT	G	NO	34060	01/25/2013				Medicare Supplement	190,542	169,987	89.2	113	540,285	394,815	73.1	455
YES	AR-MS-AA-N-MT	N	NO	34060	01/25/2013				Medicare Supplement	89,127	72,823	81.7	61	117,952	63,738	54.0	96
YES	AR-MSD-AA-F-MT	F	NO	204060	03/06/2013				Medicare Supplement	60,826	70,313	115.6	33	240,006	183,438	76.4	148
YES	AR-MSD-AA-G-MT	G	NO	204060	03/06/2013				Medicare Supplement	31,283	36,891	117.9	19	134,262	120,663	89.9	99
YES	AR-MSD-AA-N-MT	N	NO	204060	03/06/2013				Medicare Supplement	7,259	8,345	115.0	6	51,085	26,819	52.5	37
YES	AR-MSX-AA-F-MT	F	NO	30560	07/14/2015				Medicare Supplement	-	-	0.0	-	161,040	125,806	78.1	88
YES	AR-MSX-AA-G-MT	G	NO	30560	07/14/2015				Medicare Supplement	-	-	0.0	-	46,765	31,196	66.7	30
YES	AR-MSX-AA-HDF-MT	F	NO	30560	07/14/2015				Medicare Supplement	-	-	0.0	-	18,207	2,505	13.8	26
YES	AR-MSX-AA-N-MT	N	NO	30560	07/14/2015				Medicare Supplement	-	-	0.0	-	24,123	12,158	50.4	22
0199999.	Total Policy Experience on Individual Policies									1,156,541	1,061,571	91.8	646	2,417,860	1,874,810	77.5	1,766

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-NC	A	NO	34060	03/08/2013				Medicare Supplement	-	-	0.0	-	2,880	2,862	99.4	1
YES	AR-MS-AA-F-NC	F	NO	34060	03/08/2013				Medicare Supplement	2,311,837	1,970,715	85.2	1,013	1,386,310	1,312,457	94.7	578
YES	AR-MS-AA-G-NC	G	NO	34060	03/08/2013				Medicare Supplement	459,131	377,355	82.2	235	714,343	543,311	76.1	408
YES	AR-MS-AA-N-NC	N	NO	34060	03/08/2013				Medicare Supplement	218,483	191,592	87.7	141	192,781	161,000	83.5	124
YES	AR-MSD-AA-F-NC	F	NO	204060	05/23/2013				Medicare Supplement	181,613	156,260	86.0	80	293,380	215,185	73.3	133
YES	AR-MSD-AA-G-NC	G	NO	204060	05/23/2013				Medicare Supplement	45,857	46,668	101.8	23	247,687	206,687	83.4	155
YES	AR-MSD-AA-N-NC	N	NO	204060	05/23/2013				Medicare Supplement	7,983	2,181	27.3	5	79,222	62,625	79.1	57
YES	AR-MSX-AA-F-NC	F	NO	30560	04/15/2015				Medicare Supplement	-	-	0.0	-	2,390,524	2,162,691	90.5	1,283
YES	AR-MSX-AA-G-NC	G	NO	30560	04/15/2015				Medicare Supplement	-	-	0.0	-	1,348,159	1,095,486	81.3	821
YES	AR-MSX-AA-HDF-NC	F	NO	30560	04/15/2015				Medicare Supplement	-	-	0.0	-	32,343	20,118	62.2	56
YES	AR-MSX-AA-N-NC	N	NO	30560	04/15/2015				Medicare Supplement	-	-	0.0	-	949,522	575,254	60.6	730
0199999.	Total Policy Experience on Individual Policies									3,224,904	2,744,771	85.1	1,497	7,637,151	6,357,676	83.2	4,346

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-ND	F	NO	34000	03/08/2013				Medicare Supplement	5,615	1,186	21.1	3	19,985	10,581	52.9	11
YES	AR-MS-AA-G-ND	G	NO	34000	03/08/2013				Medicare Supplement	2,988	269	9.0	2	21,681	16,190	74.7	22
YES	AR-MS-AA-N-ND	N	NO	34000	03/08/2013				Medicare Supplement	1,448	309	21.3	1	6,624	9,284	140.2	6
YES	AR-MSX-AA-F-ND	F	NO	30500	06/30/2015				Medicare Supplement	-	-	0.0	-	40,712	29,989	73.7	21
YES	AR-MSX-AA-G-ND	G	NO	30500	06/30/2015				Medicare Supplement	-	-	0.0	-	7,621	1,675	22.0	4
YES	AR-MSX-AA-N-ND	N	NO	30500	06/30/2015				Medicare Supplement	-	-	0.0	-	10,411	4,977	47.8	7
0199999.	Total Policy Experience on Individual Policies									10,051	1,764	17.6	6	107,034	72,696	67.9	71

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GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-NE	F	NO	34000	.03/05/2013				Medicare Supplement	784,096	724,845	92.4	352	741,004	629,412	84.9	347
YES	AR-MS-AA-G-NE	G	NO	34000	.03/05/2013				Medicare Supplement	49,460	71,413	144.4	35	2,007,725	1,908,340	95.0	2,236
YES	AR-MS-AA-N-NE	N	NO	34000	.03/05/2013				Medicare Supplement	27,527	9,036	32.8	19	88,931	67,000	75.3	55
YES	AR-MSD-AA-F-NE	F	NO	204000	.04/18/2013				Medicare Supplement	93,958	116,342	123.8	44	109,796	101,535	92.5	50
YES	AR-MSD-AA-G-NE	G	NO	204000	.04/18/2013				Medicare Supplement	8,447	902	10.7	6	242,722	198,864	81.9	251
YES	AR-MSD-AA-N-NE	N	NO	204000	.04/18/2013				Medicare Supplement	6,332	10,797	170.5	4	15,394	12,227	79.4	12
YES	AR-MSX-AA-F-NE	F	NO	30500	.06/11/2015				Medicare Supplement	-	-	0.0	-	671,189	528,920	78.8	372
YES	AR-MSX-AA-G-NE	G	NO	30500	.06/11/2015				Medicare Supplement	-	-	0.0	-	293,441	231,797	79.0	201
YES	AR-MSX-AA-HDF-NE	F	NO	30500	.06/11/2015				Medicare Supplement	-	-	0.0	-	23,197	43,822	188.9	38
YES	AR-MSX-AA-N-NE	N	NO	30500	.06/11/2015				Medicare Supplement	-	-	0.0	-	380,655	288,510	75.8	277
0199999.	Total Policy Experience on Individual Policies									969,820	933,335	96.2	460	4,574,054	4,010,427	87.7	3,839

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-NH	F	NO	34000	09/20/2013				Medicare Supplement	76,543	32,114	42.0	31	74,115	21,686	29.3	30
YES	AR-MS-IA-G-NH	G	NO	34000	09/20/2013				Medicare Supplement	63,098	34,896	55.3	34	240,064	198,226	82.6	215
YES	AR-MS-IA-N-NH	N	NO	34000	09/20/2013				Medicare Supplement	38,698	19,864	51.3	25	87,876	72,188	82.1	65
YES	AR-MSD-IA-F-NH	F	NO	204000	12/04/2013				Medicare Supplement	108,704	70,971	65.3	46	72,375	43,634	60.3	29
YES	AR-MSD-IA-G-NH	G	NO	204000	12/04/2013				Medicare Supplement	55,076	50,558	91.8	30	160,831	96,784	60.2	141
YES	AR-MSD-IA-N-NH	N	NO	204000	12/04/2013				Medicare Supplement	37,526	30,170	80.4	24	91,350	71,837	78.6	76
YES	AR-MSX-IA-F-NH	F	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0	-	396,626	270,723	68.3	148
YES	AR-MSX-IA-G-NH	G	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0	-	577,148	357,695	62.0	239
YES	AR-MSX-IA-HDF-NH	F	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0	-	39,402	4,630	11.8	43
YES	AR-MSX-IA-N-NH	N	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0	-	170,922	105,200	61.5	89
0199999.	Total Policy Experience on Individual Policies									379,645	238,573	62.8	190	1,910,709	1,242,603	65.0	1,075

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-NM	F	NO	34000	01/02/2013				Medicare Supplement	316,034	232,423	73.5	170	213,051	135,209	63.5	136
YES	AR-MS-AA-G-NM	G	NO	34000	01/02/2013				Medicare Supplement	105,465	87,408	82.9	81	510,682	424,943	83.2	657
YES	AR-MS-AA-N-NM	N	NO	34000	01/02/2013				Medicare Supplement	31,827	18,732	58.9	26	30,573	12,072	39.5	27
YES	AR-MSD-AA-F-NM	F	NO	204000	02/21/2013				Medicare Supplement	83,508	72,695	87.1	41	182,418	142,111	77.9	101
YES	AR-MSD-AA-G-NM	G	NO	204000	02/21/2013				Medicare Supplement	27,742	39,289	141.6	23	182,108	165,541	90.9	182
YES	AR-MSD-AA-N-NM	N	NO	204000	02/21/2013				Medicare Supplement	24,111	23,280	96.6	19	35,961	20,407	56.7	31
YES	AR-MSX-AA-F-NM	F	NO	30500	06/03/2015				Medicare Supplement	-	-	0.0	-	270,846	223,066	82.4	158
YES	AR-MSX-AA-G-NM	G	NO	30500	06/03/2015				Medicare Supplement	-	-	0.0	-	90,038	84,779	94.2	59
YES	AR-MSX-AA-HDF-NM	F	NO	30500	06/03/2015				Medicare Supplement	-	-	0.0	-	7,132	8,761	122.8	16
YES	AR-MSX-AA-N-NM	N	NO	30500	06/03/2015				Medicare Supplement	-	-	0.0	-	53,809	49,397	91.8	53
0199999.	Total Policy Experience on Individual Policies									588,687	473,827	80.5	360	1,576,618	1,266,286	80.3	1,420

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-NV	F	NO	34000	01/29/2013				Medicare Supplement	2,543,997	2,420,834	95.2	1,025	2,729,076	2,229,450	81.7	1,287
YES	AR-MS-AA-G-NV	G	NO	34000	01/29/2013				Medicare Supplement	427,330	410,592	96.1	245	3,459,387	2,858,373	82.6	3,056
YES	AR-MS-AA-N-NV	N	NO	34000	01/29/2013				Medicare Supplement	430,376	254,152	59.1	279	479,985	268,448	55.9	374
YES	AR-MSD-AA-F-NV	F	NO	204000	03/01/2013				Medicare Supplement	123,219	93,046	75.5	51	285,934	294,760	103.1	130
YES	AR-MSD-AA-G-NV	G	NO	204000	03/01/2013				Medicare Supplement	71,199	57,499	80.8	43	385,755	316,155	82.0	299
YES	AR-MSD-AA-N-NV	N	NO	204000	03/01/2013				Medicare Supplement	22,264	4,954	22.3	14	92,463	95,924	103.7	60
YES	AR-MSX-AA-F-NV	F	NO	30500	09/17/2015				Medicare Supplement	-	-	0.0	-	841,976	674,574	80.1	416
YES	AR-MSX-AA-G-NV	G	NO	30500	09/17/2015				Medicare Supplement	-	-	0.0	-	347,603	266,580	76.7	225
YES	AR-MSX-AA-HDF-NV	F	NO	30500	09/17/2015				Medicare Supplement	-	-	0.0	-	46,127	10,659	23.1	67
YES	AR-MSX-AA-N-NV	N	NO	30500	09/17/2015				Medicare Supplement	-	-	0.0	-	291,928	198,269	67.9	215
0199999.	Total Policy Experience on Individual Policies									3,618,385	3,241,077	89.6	1,657	8,960,234	7,213,192	80.5	6,129

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-OH	A	NO	34000	03/12/2013				Medicare Supplement	-	-	0.0	-	513	(169)	(32.9)	-
YES	AR-MS-AA-C-OH	C	NO	34000	03/12/2013				Medicare Supplement	163,685	139,593	85.3	62	70,511	79,019	112.1	28
YES	AR-MS-AA-F-OH	F	NO	34000	03/12/2013				Medicare Supplement	2,172,705	1,618,393	74.5	872	974,854	802,961	82.4	426
YES	AR-MS-AA-G-OH	G	NO	34000	03/12/2013				Medicare Supplement	2,236,975	1,880,903	84.1	1,084	1,309,980	1,028,637	78.5	724
YES	AR-MS-AA-N-OH	N	NO	34000	03/12/2013				Medicare Supplement	713,136	475,913	66.7	459	469,045	317,943	67.8	306
YES	AR-MSD-AA-F-OH	F	NO	204000	06/13/2013				Medicare Supplement	50,334	32,370	64.3	21	169,817	214,450	126.3	72
YES	AR-MSD-AA-G-OH	G	NO	204000	06/13/2013				Medicare Supplement	96,962	41,543	42.8	54	186,899	114,232	61.1	96
YES	AR-MSD-AA-N-OH	N	NO	204000	06/13/2013				Medicare Supplement	34,078	22,704	66.6	21	95,639	122,199	127.8	62
YES	AR-MSX-AA-A-OH	A	NO	30500	06/05/2015				Medicare Supplement	-	-	0.0	-	1,572	283	18.0	1
YES	AR-MSX-AA-F-OH	F	NO	30500	06/05/2015				Medicare Supplement	-	-	0.0	-	3,397,818	3,283,394	96.6	1,528
YES	AR-MSX-AA-G-OH	G	NO	30500	06/05/2015				Medicare Supplement	-	-	0.0	-	1,255,085	1,047,495	83.5	675
YES	AR-MSX-AA-HDF-OH	F	NO	30500	06/05/2015				Medicare Supplement	-	-	0.0	-	147,486	144,495	98.0	200
YES	AR-MSX-AA-N-OH	N	NO	30500	06/05/2015				Medicare Supplement	-	-	0.0	-	1,782,909	1,654,544	92.8	1,251
0199999.	Total Policy Experience on Individual Policies									5,467,875	4,211,419	77.0	2,573	9,862,128	8,809,483	89.3	5,369

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-OK	A	NO	34060	01/07/2013				Medicare Supplement	-	20	0.0	-	13,123	21,311	162.4	3
YES	AR-MS-AA-F-OK	F	NO	34000	01/07/2013				Medicare Supplement	3,587,679	3,040,150	84.7	1,598	1,570,909	1,317,087	83.8	799
YES	AR-MS-AA-G-OK	G	NO	34000	01/07/2013				Medicare Supplement	381,745	340,440	89.2	215	616,156	535,390	86.9	384
YES	AR-MS-AA-N-OK	N	NO	34000	01/07/2013				Medicare Supplement	273,911	224,468	81.9	184	180,474	141,066	78.2	128
YES	AR-MSD-AA-A-OK	A	NO	204060	01/29/2013				Medicare Supplement	-	-	0.0	-	4,357	739	17.0	1
YES	AR-MSD-AA-F-OK	F	NO	204000	01/29/2013				Medicare Supplement	257,086	232,637	90.5	118	403,540	367,137	91.0	207
YES	AR-MSD-AA-G-OK	G	NO	204000	01/29/2013				Medicare Supplement	38,970	20,459	52.5	21	261,311	213,509	81.7	155
YES	AR-MSD-AA-N-OK	N	NO	204000	01/29/2013				Medicare Supplement	25,648	24,498	95.5	18	104,579	116,119	111.0	79
YES	AR-MSX-AA-F-OK	F	NO	30500	05/18/2015				Medicare Supplement	-	-	0.0	-	960,542	1,040,125	108.3	581
YES	AR-MSX-AA-G-OK	G	NO	30500	05/18/2015				Medicare Supplement	-	-	0.0	-	332,877	277,903	83.5	233
YES	AR-MSX-AA-HDF-OK	F	NO	30500	05/18/2015				Medicare Supplement	-	-	0.0	-	21,196	2,993	14.1	32
YES	AR-MSX-AA-N-OK	N	NO	30500	05/18/2015				Medicare Supplement	-	-	0.0	-	275,628	224,062	81.3	230
0199999.	Total Policy Experience on Individual Policies									4,565,039	3,882,672	85.1	2,154	4,744,692	4,257,441	89.7	2,832

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-B-PA	B	NO	34060	03/22/2013				Medicare Supplement	28,990	10,862	37.5	13	1,380	(141)	(10.2)	1
YES	AR-MS-AA-F-PA	F	NO	34060	03/22/2013				Medicare Supplement	13,238,359	10,500,223	79.3	5,110	4,610,146	3,681,279	79.9	1,967
YES	AR-MS-AA-G-PA	G	NO	34060	03/22/2013				Medicare Supplement	5,359,858	3,774,833	70.4	2,520	2,749,758	2,485,118	90.4	1,523
YES	AR-MS-AA-N-PA	N	NO	34060	03/22/2013				Medicare Supplement	2,839,855	1,978,946	69.7	1,695	1,538,294	989,732	64.3	1,022
YES	AR-MSD-AA-F-PA	F	NO	204060	04/30/2013				Medicare Supplement	456,172	392,860	86.1	177	764,893	738,427	96.5	315
YES	AR-MSD-AA-G-PA	G	NO	204060	04/30/2013				Medicare Supplement	252,968	174,771	69.1	124	779,173	553,147	71.0	406
YES	AR-MSD-AA-N-PA	N	NO	204060	04/30/2013				Medicare Supplement	198,999	163,007	81.9	126	511,978	364,289	71.2	319
YES	AR-MSX-AA-B-PA	B	NO	30560	06/19/2015				Medicare Supplement	-	-	0.0	-	4,583	3,765	82.2	2
YES	AR-MSX-AA-F-PA	F	NO	30560	06/19/2015				Medicare Supplement	-	-	0.0	-	1,142,677	938,471	82.1	466
YES	AR-MSX-AA-G-PA	G	NO	30560	06/19/2015				Medicare Supplement	-	-	0.0	-	840,275	505,435	60.2	425
YES	AR-MSX-AA-HDF-PA	F	NO	30560	06/19/2015				Medicare Supplement	-	-	0.0	-	277,010	128,666	46.4	287
YES	AR-MSX-AA-N-PA	N	NO	30560	06/19/2015				Medicare Supplement	-	-	0.0	-	1,715,216	1,013,786	59.1	986
0199999.	Total Policy Experience on Individual Policies									22,375,201	16,995,502	76.0	9,765	14,935,383	11,401,974	76.3	7,719

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-RI	F	NO	34000	.02/21/2013				Medicare Supplement	33,766	15,434	45.7	15	32,395	19,906	61.4	18
YES	AR-MS-AA-G-RI	G	NO	34000	.02/21/2013				Medicare Supplement	10,980	3,264	29.7	5	60,318	40,314	66.8	39
YES	AR-MS-AA-N-RI	N	NO	34000	.02/21/2013				Medicare Supplement	8,747	1,715	19.6	5	22,189	5,870	26.5	16
YES	AR-MSD-AA-F-RI	F	NO	204000	.04/11/2013				Medicare Supplement	12,374	27,082	218.9	5	18,708	17,405	93.0	10
YES	AR-MSD-AA-G-RI	G	NO	204000	.04/11/2013				Medicare Supplement	13,002	41,709	320.8	6	19,945	11,223	56.3	11
YES	AR-MSD-AA-N-RI	N	NO	204000	.04/11/2013				Medicare Supplement	16,384	9,689	59.1	10	7,057	3,866	54.8	5
0199999.	Total Policy Experience on Individual Policies									95,253	98,893	103.8	46	160,612	98,584	61.4	99

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GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-SC	F	NO	34000	01/29/2013				Medicare Supplement	4,669,918	3,540,602	75.8	2,170	2,525,764	2,081,058	82.4	1,312
YES	AR-MS-AA-G-SC	G	NO	34000	01/29/2013				Medicare Supplement	1,997,989	1,574,497	78.8	1,132	1,129,371	790,667	70.0	702
YES	AR-MS-AA-N-SC	N	NO	34000	01/29/2013				Medicare Supplement	398,102	261,684	65.7	279	255,930	207,990	81.3	206
YES	AR-MSD-AA-F-SC	F	NO	204000	03/29/2013				Medicare Supplement	365,739	290,937	79.5	169	530,230	523,912	98.8	260
YES	AR-MSD-AA-G-SC	G	NO	204000	03/29/2013				Medicare Supplement	183,669	156,186	85.0	106	415,610	386,026	92.9	248
YES	AR-MSD-AA-N-SC	N	NO	204000	03/29/2013				Medicare Supplement	47,989	21,168	44.1	35	115,537	69,387	60.1	86
YES	AR-MSX-AA-A-SC	A	NO	30560	04/20/2015				Medicare Supplement	-	-	0.0	-	4	64	1,600.0	-
YES	AR-MSX-AA-F-SC	F	NO	30560	04/20/2015				Medicare Supplement	-	-	0.0	-	2,580,991	2,183,892	84.6	1,322
YES	AR-MSX-AA-G-SC	G	NO	30560	04/20/2015				Medicare Supplement	-	-	0.0	-	1,201,965	901,385	75.0	693
YES	AR-MSX-AA-HDF-SC	F	NO	30560	04/20/2015				Medicare Supplement	-	-	0.0	-	155,408	72,110	46.4	210
YES	AR-MSX-AA-N-SC	N	NO	30560	04/20/2015				Medicare Supplement	-	-	0.0	-	1,005,879	672,455	66.9	697
0199999.	Total Policy Experience on Individual Policies									7,663,406	5,845,074	76.3	3,891	9,916,689	7,888,946	79.6	5,736

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-SD	F	NO	34060	12/27/2012				Medicare Supplement	206,585	165,908	80.3	83	89,748	143,144	159.5	41
YES	AR-MS-AA-G-SD	G	NO	34060	12/27/2012				Medicare Supplement	14,384	7,581	52.7	4	46,180	37,913	82.1	27
YES	AR-MS-AA-N-SD	N	NO	34060	12/27/2012				Medicare Supplement	10,630	8,368	78.7	8	6,574	4,641	70.6	4
YES	AR-MSD-AA-F-SD	F	NO	204060	01/24/2013				Medicare Supplement	14,874	11,628	78.2	7	30,907	26,745	86.5	14
YES	AR-MSD-AA-G-SD	G	NO	204060	01/24/2013				Medicare Supplement	4,763	1,968	41.3	3	17,833	6,727	37.7	10
YES	AR-MSD-AA-N-SD	N	NO	204060	01/24/2013				Medicare Supplement	-	-	0.0	-	13,712	12,087	88.1	10
YES	AR-MSX-AA-F-SD	F	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0	-	52,660	27,558	52.3	35
YES	AR-MSX-AA-G-SD	G	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0	-	24,754	29,626	119.7	18
YES	AR-MSX-AA-HDF-SD	F	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0	-	7,070	563	8.0	13
YES	AR-MSX-AA-N-SD	N	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0	-	52,104	41,480	79.6	40
0199999.	Total Policy Experience on Individual Policies									251,236	195,453	77.8	105	341,542	330,484	96.8	212

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-TN	A	NO	34060	.03/21/2013				Medicare Supplement	23,640	35,237	149.1	3	8,024	18,502	230.6	3
YES	AR-MS-AA-F-TN	F	NO	34060	.03/21/2013				Medicare Supplement	1,242,919	862,782	69.4	521	1,126,784	818,454	72.6	517
YES	AR-MS-AA-G-TN	G	NO	34060	.03/21/2013				Medicare Supplement	243,607	259,153	106.4	159	2,847,171	2,286,246	80.3	2,897
YES	AR-MS-AA-N-TN	N	NO	34060	.03/21/2013				Medicare Supplement	84,944	86,425	101.7	53	119,494	92,439	77.4	68
YES	AR-MSD-AA-F-TN	F	NO	204060	.04/11/2013				Medicare Supplement	260,925	190,944	73.2	116	657,326	584,956	89.0	331
YES	AR-MSD-AA-G-TN	G	NO	204060	.04/11/2013				Medicare Supplement	91,097	84,485	92.7	63	906,329	752,382	83.0	819
YES	AR-MSD-AA-N-TN	N	NO	204060	.04/11/2013				Medicare Supplement	43,457	18,961	43.6	30	135,920	158,900	116.9	90
YES	AR-MSX-AA-F-TN	F	NO	30560	.11/02/2015				Medicare Supplement	-	-	0.0	-	5,652,560	4,961,020	87.8	3,007
YES	AR-MSX-AA-G-TN	G	NO	30560	.11/02/2015				Medicare Supplement	-	-	0.0	-	5,304,703	4,247,695	80.1	3,058
YES	AR-MSX-AA-HDF-TN	F	NO	30560	.11/02/2015				Medicare Supplement	-	-	0.0	-	116,962	53,088	45.4	165
YES	AR-MSX-AA-N-TN	N	NO	30560	.11/02/2015				Medicare Supplement	-	-	0.0	-	819,689	597,841	72.9	690
0199999.	Total Policy Experience on Individual Policies									1,990,589	1,537,987	77.3	945	17,694,962	14,571,523	82.3	11,645

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-TX	A	NO	34060	03/08/2013				Medicare Supplement	187,402	339,496	181.2	32	1,563,569	2,715,103	173.6	248
YES	AR-MS-AA-F-TX	F	NO	34000	03/08/2013				Medicare Supplement	10,536,024	9,080,433	86.2	4,686	4,216,570	3,861,432	91.6	2,127
YES	AR-MS-AA-G-TX	G	NO	34000	03/08/2013				Medicare Supplement	2,206,344	1,807,329	81.9	1,102	1,482,510	1,197,231	80.8	774
YES	AR-MS-AA-N-TX	N	NO	34000	03/08/2013				Medicare Supplement	652,552	518,352	79.4	403	351,893	233,207	66.3	213
YES	AR-MSD-AA-A-TX	A	NO	204060	04/08/2013				Medicare Supplement	-	-	0.0	-	268,288	449,187	167.4	39
YES	AR-MSD-AA-F-TX	F	NO	204000	04/08/2013				Medicare Supplement	828,892	723,196	87.2	355	1,322,864	1,501,804	113.5	607
YES	AR-MSD-AA-G-TX	G	NO	204000	04/08/2013				Medicare Supplement	349,250	239,553	68.6	173	998,193	861,883	86.3	518
YES	AR-MSD-AA-N-TX	N	NO	204000	04/08/2013				Medicare Supplement	129,901	106,674	82.1	74	435,780	284,737	65.3	269
0199999.	Total Policy Experience on Individual Policies									14,890,365	12,815,033	86.1	6,825	10,639,667	11,104,584	104.4	4,795

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-UT	F	NO	34000	.01/17/2013				Medicare Supplement	426,767	391,346	91.7	195	304,258	338,349	111.2	157
YES	AR-MS-AA-G-UT	G	NO	34000	.01/17/2013				Medicare Supplement	138,307	120,836	87.4	97	880,327	808,215	91.8	1,132
YES	AR-MS-AA-N-UT	N	NO	34000	.01/17/2013				Medicare Supplement	28,904	13,417	46.4	21	139,724	90,528	64.8	108
YES	AR-MSD-AA-F-UT	F	NO	204000	.04/11/2013				Medicare Supplement	33,031	22,926	69.4	14	52,174	50,335	96.5	25
YES	AR-MSD-AA-G-UT	G	NO	204000	.04/11/2013				Medicare Supplement	22,031	15,599	70.8	15	76,233	51,481	67.5	91
YES	AR-MSD-AA-N-UT	N	NO	204000	.04/11/2013				Medicare Supplement	2,636	8,646	328.0	2	8,351	5,899	70.6	5
YES	AR-MSX-AA-F-UT	F	NO	30500	.04/24/2015				Medicare Supplement	-	-	0.0	-	248,816	218,715	87.9	126
YES	AR-MSX-AA-G-UT	G	NO	30500	.04/24/2015				Medicare Supplement	-	-	0.0	-	102,482	126,062	123.0	56
YES	AR-MSX-AA-HDF-UT	F	NO	30500	.04/24/2015				Medicare Supplement	-	-	0.0	-	39,757	43,178	108.6	46
YES	AR-MSX-AA-N-UT	N	NO	30500	.04/24/2015				Medicare Supplement	-	-	0.0	-	286,775	245,211	85.5	187
0199999.	Total Policy Experience on Individual Policies									651,676	572,770	87.9	344	2,138,897	1,977,973	92.5	1,933

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-VA	A	NO	34060	10/26/2013				Medicare Supplement	-	-	0.0	-	1,595	1,914	120.0	1
YES	AR-MS-AA-F-VA	F	NO	34060	10/26/2013				Medicare Supplement	5,090,047	4,434,599	87.1	2,770	10,304,079	9,334,025	90.6	6,552
YES	AR-MS-AA-G-VA	G	NO	34060	10/26/2013				Medicare Supplement	513,157	448,209	87.3	385	6,064,317	5,432,494	89.6	7,871
YES	AR-MS-AA-N-VA	N	NO	34060	10/26/2013				Medicare Supplement	169,404	118,709	70.1	160	1,310,028	1,056,367	80.6	1,576
YES	AR-MSX-AA-F-VA	F	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0	-	2,252,044	1,911,994	84.9	1,404
YES	AR-MSX-AA-G-VA	G	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0	-	607,264	482,664	79.5	438
YES	AR-MSX-AA-HDF-VA	F	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0	-	35,978	14,561	40.5	65
YES	AR-MSX-AA-N-VA	N	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0	-	494,157	351,712	71.2	392
0199999.	Total Policy Experience on Individual Policies									5,772,608	5,001,517	86.6	3,315	21,069,462	18,585,731	88.2	18,299

360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-BASCDWI.....	O.....	.....NO.....	....34060.....	.06/05/2013	.....	.....	.....	Medicare Supplement.....	16,708	9,008	.....53.9	8	256,502	164,504	.....64.1	132
.....YES.....	AR-BASC-WI.....	O.....	.....NO.....	....34060.....	.06/05/2013	.....	.....	.....	Medicare Supplement.....	4,267,693	3,408,786	.....79.9	1,879	1,750,092	1,433,074	.....81.9	859
.....YES.....	AR-BASCWIX.....	O.....	.....NO.....	....30560.....	.03/18/2015	.....	.....	.....	Medicare Supplement.....	-	-	.....0.0	-	2,260,388	1,917,591	.....84.8	1,173
0199999.	Total Policy Experience on Individual Policies.....									4,284,401	3,417,794	.....79.8	1,887	4,266,982	3,515,169	.....82.4	2,164

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester

NAIC Company Code.....88366
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-WV	A	NO	34000	01/24/2013				Medicare Supplement	-	-	0.0	-	431	182	42.2	1
YES	AR-MS-AA-F-WV	F	NO	34000	01/24/2013				Medicare Supplement	1,551,835	1,453,321	93.7	718	690,956	512,586	74.2	349
YES	AR-MS-AA-G-WV	G	NO	34000	01/24/2013				Medicare Supplement	141,941	140,960	99.3	102	606,560	579,910	95.6	799
YES	AR-MS-AA-N-WV	N	NO	34000	01/24/2013				Medicare Supplement	118,132	72,218	61.1	85	81,668	53,425	65.4	76
YES	AR-MSD-AA-F-WV	F	NO	204000	02/27/2013				Medicare Supplement	266,576	338,968	127.2	118	287,509	324,821	113.0	138
YES	AR-MSD-AA-G-WV	G	NO	204000	02/27/2013				Medicare Supplement	50,809	41,307	81.3	35	271,866	240,178	88.3	253
YES	AR-MSD-AA-N-WV	N	NO	204000	02/27/2013				Medicare Supplement	51,431	39,524	76.8	36	46,034	28,562	62.0	32
YES	AR-MSX-AA-F-WV	F	NO	30500	05/19/2015				Medicare Supplement	-	-	0.0	-	532,692	545,383	102.4	278
YES	AR-MSX-AA-G-WV	G	NO	30500	05/19/2015				Medicare Supplement	-	-	0.0	-	182,711	125,564	68.7	114
YES	AR-MSX-AA-HDF-WV	F	NO	30500	05/19/2015				Medicare Supplement	-	-	0.0	-	25,985	7,968	30.7	37
YES	AR-MSX-AA-N-WV	N	NO	30500	05/19/2015				Medicare Supplement	-	-	0.0	-	300,362	236,681	78.8	217
0199999.	Total Policy Experience on Individual Policies									2,180,724	2,086,298	95.7	1,094	3,026,774	2,655,260	87.7	2,294

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....88366
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Cameron Lester
Title.....Actuarial Specialist.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-WY	F	NO	34000	.04/11/2013				Medicare Supplement	776,542	665,548	85.7	383	1,033,223	900,968	87.2	634
YES	AR-MS-AA-G-WY	G	NO	34000	.04/11/2013				Medicare Supplement	108,403	125,287	115.6	77	1,435,246	1,233,778	86.0	1,708
YES	AR-MS-AA-N-WY	N	NO	34000	.04/11/2013				Medicare Supplement	39,256	26,227	66.8	29	77,667	42,316	54.5	75
YES	AR-MSD-AA-F-WY	F	NO	204000	.08/09/2013				Medicare Supplement	126,923	112,672	88.8	64	354,669	399,003	112.5	203
YES	AR-MSD-AA-G-WY	G	NO	204000	.08/09/2013				Medicare Supplement	45,262	35,109	77.6	32	439,083	373,260	85.0	494
YES	AR-MSD-AA-N-WY	N	NO	204000	.08/09/2013				Medicare Supplement	19,941	26,906	134.9	15	42,141	29,604	70.2	30
YES	AR-MSX-AA-F-WY	F	NO	30500	.06/26/2015				Medicare Supplement	-	-	0.0	-	188,317	212,748	113.0	122
YES	AR-MSX-AA-G-WY	G	NO	30500	.06/26/2015				Medicare Supplement	-	-	0.0	-	68,095	54,982	80.7	51
YES	AR-MSX-AA-HDF-WY	F	NO	30500	.06/26/2015				Medicare Supplement	-	-	0.0	-	24,458	31,000	126.7	36
YES	AR-MSX-AA-N-WY	N	NO	30500	.06/26/2015				Medicare Supplement	-	-	0.0	-	145,800	89,935	61.7	116
0199999.	Total Policy Experience on Individual Policies									1,116,327	991,749	88.8	600	3,808,699	3,367,594	88.4	3,469

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

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

SCHEDULE O SUPPLEMENT

For the year ended December 31, 2017

(To Be Filed March 1)

NONE

Of The.....American Retirement Life Insurance Company

Address (City, State, Zip Code).....Cleveland, OH 44114

NAIC Group Code.....0901 NAIC Company Code.....88366 Employer's ID Number.....59-2760189

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. Prior					
2. 2013	5,853	8,873	8,917	8,920	8,928
3. 2014	XXX	74,793	86,420	86,522	86,537
4. 2015	XXX	XXX	133,096	149,452	149,607
5. 2016	XXX	XXX	XXX	181,332	204,220
6. 2017	XXX	XXX	XXX	XXX	257,957

Section C - Credit Accident and Health

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX	398		
5. 2016	XXX	XXX	XXX	530	
6. 2017	XXX	XXX	XXX	XXX	1,007

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2013	2014	2015	2016	2017
1. 2013				XXX	XXX
2. 2014	XXX				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	10,375	8,884	8,917	XXX	XXX
2. 2014	XXX	89,243	86,625	86,522	XXX
3. 2015	XXX	XXX	151,170	149,601	149,607
4. 2016	XXX	XXX	XXX	204,737	204,395
5. 2017	XXX	XXX	XXX	XXX	289,851

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013					
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	10,375	8,884	8,917		
2. 2014	XXX	89,243	86,625	86,522	
3. 2015	XXX	XXX	151,568	149,601	149,607
4. 2016	XXX	XXX	XXX	205,267	204,395
5. 2017	XXX	XXX	XXX	XXX	290,858

Section C - Credit Accident and Health

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

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life	None	
2. Ordinary life	Standard Factor	4
3. Individual annuity	None	
4. Supplementary contracts	None	
5. Credit life	None	
6. Group life	None	
7. Group annuities	None	
8. Group accident and health	None	
9. Credit accident and health	None	
10. Other accident and health	Development	32,070
11. Total		32,074

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