



ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code.....	0084, 0084	NAIC Company Code.....	63312	Employer's ID Number.....	13-1935920
	(Current Period) (Prior Period)				
Organized under the Laws of OH		State of Domicile or Port of Entry OH		Country of Domicile	US
Incorporated/Organized.....	December 29, 1961	Commenced Business.....	August 13, 1963		
Statutory Home Office	301 East Fourth Street .. Cincinnati .. OH .. US .. 45202 (Street and Number) (City or Town, State, Country and Zip Code)				
Main Administrative Office	301 East Fourth Street .. Cincinnati .. OH .. US .. 45202 (Street and Number) (City or Town, State, Country and Zip Code)				
Mail Address	Post Office Box 5420 .. Cincinnati .. OH .. US .. 45201 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	301 East Fourth Street .. Cincinnati .. OH .. US .. 45202 (Street and Number) (City or Town, State, Country and Zip Code)				
Internet Web Site Address					
Statutory Statement Contact	Robert Mayhew Earle II (Name)				
	513-412-1735 (Area Code) (Telephone Number)				
	rearle@gaig.com (E-Mail Address)				
	513-412-1673 (Fax Number)				

OFFICERS

Name	Title	Name	Title
1. Mark Francis Muething #	President	2. John Paul Gruber	Secretary
3. Christopher Patrick Miliano	Treasurer	4. Richard Lee Sutton	Appointed Actuary
OTHER			
Adrienne Susan Baglier	Senior Vice President	Michael Harrison Haney	Vice President
Brian Patrick Sponaugle	Vice President		

DIRECTORS OR TRUSTEES

John Paul Gruber #	Jeffrey Gene Hester	Christopher Patrick Miliano	Mark Francis Muething
Michael James Prager			

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

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

(Signature)	(Signature)	(Signature)
Mark Francis Muething	Christopher Patrick Miliano	John Paul Gruber
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2019	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	76,092				76,092
2. Annuity considerations.....	51,691		20,681		72,373
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,784	0	20,681	0	148,465
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.....	1,251,548		14,992		1,266,540
12. Surrender values and withdrawals for life contracts.....	760,109		76,468		836,577
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	2,011,657	0	91,460	0	2,103,117

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,916							1	5,916
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,916	0	0	0	0	0	0	1	5,916
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	33	14,128,635		(a).....	6	73,579			39	14,202,214
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	4	551,423			(2)	(4,266)			2	547,157
23. In force December 31 of current year.....	37	14,680,058	0	(a).....0	4	69,313	0	0	41	14,749,371

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,893				19,893
2. Annuity considerations.....	2,137,734				2,137,734
3. Deposit-type contract funds.....	100,647	XXX		XXX	100,647
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,258,274	0	0	0	2,258,274
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.....	588,116		138		588,254
12. Surrender values and withdrawals for life contracts.....	714,001		1,549		715,550
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	1,302,117	0	1,687	0	1,303,804

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	34	6,188,985	(a)						34	6,188,985
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	200,341			1				0	200,341
23. In force December 31 of current year.....	33	6,389,326	0	(a) 0	1	0	0	0	34	6,389,326

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	345,857				345,857
2. Annuity considerations.....	116,366,771		229,763		116,596,534
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	116,712,628	0	229,763	0	116,942,391
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	501,619				501,619
10. Matured endowments.....	10,000				10,000
11. Annuity benefits.....	14,479,160		3,344		14,482,504
12. Surrender values and withdrawals for life contracts.....	47,563,825		195,715		47,759,539
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	62,554,604	0	199,059	0	62,753,662

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	19,038							3	19,038
17. Incurred during current year.....	7	516,581							7	516,581
Settled during current year:										
18.1 By payment in full.....	8	511,619							8	511,619
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	511,619	0	0	0	0	0	0	8	511,619
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	511,619	0	0	0	0	0	0	8	511,619
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	24,000	0	0	0	0	0	0	2	24,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	413	104,148,835		(a).....		20,682			413	104,169,517
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	(32)	(8,736,726)				206			(32)	(8,736,520)
23. In force December 31 of current year.....	382	95,427,109	0	(a).....0	0	20,888	0	0	382	95,447,997

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	96,488	96,202		31,811	31,700
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	96,488	96,202	0	31,811	31,700
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	96,488	96,202	0	31,811	31,700

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	223,034				223,034
2. Annuity considerations.....	22,680,332		46,331		22,726,662
3. Deposit-type contract funds.....	110,232	XXX		XXX	110,232
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	23,013,598	0	46,331	0	23,059,929
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	476,965		108,009		584,974
10. Matured endowments.....	12,400				12,400
11. Annuity benefits.....	2,992,061		486		2,992,548
12. Surrender values and withdrawals for life contracts.....	11,217,680		3,932		11,221,613
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	14,699,107	0	112,428	0	14,811,535

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	1,965			2	152			3	2,117
17. Incurred during current year.....	5	487,400			28	114,005			33	601,405
Settled during current year:										
18.1 By payment in full.....	6	489,365			29	108,009			35	597,374
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	489,365	0	0	29	108,009	0	0	35	597,374
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	489,365	0	0	29	108,009	0	0	35	597,374
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	1	6,148	0	0	1	6,148
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	329	64,044,751		(a).....		1,416,680			329	65,461,431
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(38)	(9,222,730)				(99,874)			(38)	(9,322,604)
23. In force December 31 of current year.....	291	54,822,021	0	(a).....0	0	1,316,806	0	0	291	56,138,827

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,768	4,767			38
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,768	4,767	0	0	38
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,768	4,767	0	0	38

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	692,447				692,447
2. Annuity considerations.....	104,602,862		7,566,121		112,168,983
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	105,295,309	0	7,566,121	0	112,861,429
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,036,343				1,036,343
10. Matured endowments.....	167,600				167,600
11. Annuity benefits.....	11,915,669		106,582		12,022,250
12. Surrender values and withdrawals for life contracts.....	21,935,183		1,000,017		22,935,200
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	35,054,795	0	1,106,598	0	36,161,393

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	14	1,537,291							14	1,537,291
Settled during current year:										
18.1 By payment in full.....	12	1,203,943							12	1,203,943
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	1,203,943	0	0	0	0	0	0	12	1,203,943
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	1,203,943	0	0	0	0	0	0	12	1,203,943
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	343,348	0	0	0	0	0	0	3	343,348
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	957	201,120,098		(a).....		26,878			957	201,146,976
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(67)	(14,294,928)				421			(67)	(14,294,507)
23. In force December 31 of current year.....	890	186,825,170	0	(a).....0	0	27,299	0	0	890	186,852,469

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					(32)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,082	16,976		587	1,015
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,082	16,976	0	587	1,015
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,082	16,976	0	587	983

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,160,520				7,160,520
2. Annuity considerations.....	471,753,122		23,408,569		495,161,690
3. Deposit-type contract funds.....	97,025	XXX		XXX	97,025
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	479,010,667	0	23,408,569	0	502,419,236
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.....	9,713,644		6,089		9,719,733
10. Matured endowments.....	444,700				444,700
11. Annuity benefits.....	72,148,610		1,449,409		73,598,019
12. Surrender values and withdrawals for life contracts.....	122,364,856		17,648,347		140,013,202
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	204,671,810	0	19,103,845	0	223,775,655

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	14	796,240							14	796,240
17. Incurred during current year.....	96	11,225,354			3	11,959			99	11,237,313
Settled during current year:										
18.1 By payment in full.....	87	10,408,831			1	6,089			88	10,414,920
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	87	10,408,831	0	0	1	6,089	0	0	88	10,414,920
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	87	10,408,831	0	0	1	6,089	0	0	88	10,414,920
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	23	1,612,763	0	0	2	5,870	0	0	25	1,618,633
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	9,255	2,132,545,327		(a).....		63,471			9,255	2,132,608,798
21. Issued during year.....	4	140,000							4	140,000
22. Other changes to in force (Net).....	(810)	(183,723,779)				2,167			(810)	(183,721,612)
23. In force December 31 of current year.....	8,449	1,948,961,548	0	(a).....0	0	65,638	0	0	8,449	1,949,027,186

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,926	8,329		9,327	7,283
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,926	8,329	0	9,327	7,283
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,926	8,329	0	9,327	7,283

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,882				1,882
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,882	0	0	0	1,882
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.....			292		292
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	0			0
15. Totals.....	0	0	292	0	292

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	387,075				387,075
2. Annuity considerations.....	59,158,152		128,553		59,286,705
3. Deposit-type contract funds.....	93,674	XXX		XXX	93,674
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	59,638,900	0	128,553	0	59,767,453
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,025,000		20,471		1,045,471
10. Matured endowments.....					0
11. Annuity benefits.....	10,452,414		42,917		10,495,332
12. Surrender values and withdrawals for life contracts.....	11,971,680		158,259		12,129,939
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	23,449,094	0	221,647	0	23,670,741

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	5,410			1	5,410
17. Incurred during current year.....	7	1,029,079			6	19,984			13	1,049,063
Settled during current year:										
18.1 By payment in full.....	5	1,025,000			6	19,984			11	1,044,984
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	1,025,000	0	0	6	19,984	0	0	11	1,044,984
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	1,025,000	0	0	6	19,984	0	0	11	1,044,984
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	4,079	0	0	1	5,410	0	0	3	9,489
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	495	118,003,338		(a).....		703,634			495	118,706,972
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(35)	(8,155,237)				(9,846)			(35)	(8,165,083)
23. In force December 31 of current year.....	460	109,848,101	0	(a).....0	0	693,788	0	0	460	110,541,889

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	103,450	116,127		17,291	(28,791)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	103,450	116,127	0	17,291	(28,791)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	103,450	116,127	0	17,291	(28,791)

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	530,358		(12,807)		517,550
2. Annuity considerations.....	95,923,929		2,415,947		98,339,876
3. Deposit-type contract funds.....	54,222	XXX		XXX	54,222
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	96,508,509	0	2,403,140	0	98,911,649
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.....	1,040,856		370,260		1,411,116
10. Matured endowments.....			10,066		10,066
11. Annuity benefits.....	13,438,336		217,483		13,655,819
12. Surrender values and withdrawals for life contracts.....	37,536,657		18,365		37,555,022
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	52,015,849	0	616,174	0	52,632,023

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	79,175			2	1,876			8	81,051
17. Incurred during current year.....	13	971,747			59	371,934			72	1,343,681
Settled during current year:										
18.1 By payment in full.....	19	1,050,922			58	370,260			77	1,421,182
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	1,050,922	0	0	58	370,260	0	0	77	1,421,182
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	1,050,922	0	0	58	370,260	0	0	77	1,421,182
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	3	3,550	0	0	3	3,550
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	959	146,578,197		(a).....	1	4,112,991			960	150,691,188
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(76)	(13,597,499)				(378,306)			(76)	(13,975,805)
23. In force December 31 of current year.....	883	132,980,698	0	(a).....0	1	3,734,685	0	0	884	136,715,383

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,071	6,100		75,478	132,840
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,071	6,100	0	75,478	132,840
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,071	6,100	0	75,478	132,840

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



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

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	41,090				41,090
2. Annuity considerations.....	4,198,458				4,198,458
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,239,548	0	0	0	4,239,548
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.....	101,000				101,000
10. Matured endowments.....					0
11. Annuity benefits.....	292,846				292,846
12. Surrender values and withdrawals for life contracts.....	1,198,628		4,995		1,203,624
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	1,592,474	0	4,995	0	1,597,470

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	101,000							1	101,000
Settled during current year:										
18.1 By payment in full.....	1	101,000							1	101,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	101,000	0	0	0	0	0	0	1	101,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	101,000	0	0	0	0	0	0	1	101,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	68	7,502,636		(a).....					68	7,502,636
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(208,609)							(3)	(208,609)
23. In force December 31 of current year.....	65	7,294,027	0	(a).....0	0	0	0	0	65	7,294,027

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	87,892				87,892
2. Annuity considerations.....	21,294,254				21,294,254
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,382,146	0	0	0	21,382,146
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.....	2,057,533		2,421		2,059,954
12. Surrender values and withdrawals for life contracts.....	7,163,287		28,301		7,191,588
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	9,220,820	0	30,722	0	9,251,542

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	119	30,188,619		(a).....					119	30,188,619
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(17)	(3,314,161)							(17)	(3,314,161)
23. In force December 31 of current year.....	102	26,874,458	0	(a).....0	0	0	0	0	102	26,874,458

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,762,474				2,762,474
2. Annuity considerations.....	429,570,576		2,060,664		431,631,240
3. Deposit-type contract funds.....	386,793	XXX		XXX	386,793
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	432,719,843	0	2,060,664	0	434,780,507
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,097,836		14,063		3,111,899
10. Matured endowments.....					0
11. Annuity benefits.....	53,869,096		261,898		54,130,994
12. Surrender values and withdrawals for life contracts.....	172,641,913		4,765,054		177,406,966
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	229,608,845	0	5,041,014	0	234,649,859

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	85,041							6	85,041
17. Incurred during current year.....	28	3,318,795			2	14,063			30	3,332,858
Settled during current year:										
18.1 By payment in full.....	32	3,097,836			2	14,063			34	3,111,899
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	32	3,097,836	0	0	2	14,063	0	0	34	3,111,899
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	32	3,097,836	0	0	2	14,063	0	0	34	3,111,899
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	306,000	0	0	0	0	0	0	2	306,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,632	779,664,250		(a).....	1	257,761			3,633	779,922,011
21. Issued during year.....	1	2,295							1	2,295
22. Other changes to in force (Net).....	(321)	(71,686,898)				(6,606)			(321)	(71,693,504)
23. In force December 31 of current year.....	3,312	707,979,647	0	(a).....0	1	251,155	0	0	3,313	708,230,802

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	377,704	379,567		243,503	514,131
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	377,704	379,567	0	243,503	514,131
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	377,704	379,567	0	243,503	514,131

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,273,152				1,273,152
2. Annuity considerations.....	124,608,522		1,992,715		126,601,237
3. Deposit-type contract funds.....	72,753	XXX		XXX	72,753
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	125,954,426	0	1,992,715	0	127,947,142
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,070,049		13,845		1,083,894
10. Matured endowments.....					0
11. Annuity benefits.....	18,635,175		28,124		18,663,299
12. Surrender values and withdrawals for life contracts.....	44,513,907		395,349		44,909,256
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	64,219,131	0	437,318	0	64,656,449

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	101,000			1	2,925			2	103,925
17. Incurred during current year.....	24	1,137,049			2	10,920			26	1,147,969
Settled during current year:										
18.1 By payment in full.....	21	1,070,049			3	13,845			24	1,083,894
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	21	1,070,049	0	0	3	13,845	0	0	24	1,083,894
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	21	1,070,049	0	0	3	13,845	0	0	24	1,083,894
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	168,000	0	0	0	0	0	0	4	168,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,733	327,099,784		(a).....		174,553			1,733	327,274,337
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(128)	(27,067,881)				(6,093)			(128)	(27,073,974)
23. In force December 31 of current year.....	1,605	300,031,903	0	(a).....0	0	168,460	0	0	1,605	300,200,363

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	107,842	111,748		22,945	178,496
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	107,842	111,748	0	22,945	178,496
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	107,842	111,748	0	22,945	178,496

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	35,300,731		(12,573)		35,288,158
2. Annuity considerations.....	5,055,081,679		142,232,752		5,197,314,431
3. Deposit-type contract funds.....	13,906,168	XXX		XXX	13,906,168
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,104,288,578	0	142,220,179	0	5,246,508,757
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	54,774,674		1,467,256		56,241,930
10. Matured endowments.....	1,956,463		10,066		1,966,529
11. Annuity benefits.....	732,407,443		6,732,340		739,139,783
12. Surrender values and withdrawals for life contracts.....	1,784,292,521		58,822,170		1,843,114,692
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	2,573,431,101	0	67,031,832	0	2,640,462,933

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	141	4,113,845			13	18,257			154	4,132,102
17. Incurred during current year.....	850	57,995,391			254	1,472,538			1,104	59,467,929
Settled during current year:										
18.1 By payment in full.....	892	56,747,436			254	1,461,023			1,146	58,208,459
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	892	56,747,436	0	0	254	1,461,023	0	0	1,146	58,208,459
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	892	56,747,436	0	0	254	1,461,023	0	0	1,146	58,208,459
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	99	5,361,800	0	0	13	29,772	0	0	112	5,391,572
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	52,016	10,089,634,358		(a).....	12	18,040,385			52,028	10,107,674,743
21. Issued during year.....	39	1,064,072							39	1,064,072
22. Other changes to in force (Net).....	(4,186)	(859,028,979)			(1)	(1,304,568)			(4,187)	(860,333,547)
23. In force December 31 of current year.....	47,869	9,231,669,451	0	(a).....0	11	16,735,817	0	0	47,880	9,248,405,268

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	79,531	81,975			3,587
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,226,473	6,405,725		4,755,025	5,782,669
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,226,473	6,405,725	0	4,755,025	5,782,669
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,306,004	6,487,700	0	4,755,025	5,786,255

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



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

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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	113,413				113,413
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	113,413	0	0	0	113,413
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.....	170,029				170,029
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	31,114				31,114
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	201,144	0	0	0	201,144

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	2	170,029							2	170,029
Settled during current year:										
18.1 By payment in full.....	2	170,029							2	170,029
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	170,029	0	0	0	0	0	0	2	170,029
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	170,029	0	0	0	0	0	0	2	170,029
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	154	28,837,309		(a).....					154	28,837,309
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(13)	(2,116,958)							(13)	(2,116,958)
23. In force December 31 of current year.....	141	26,720,351	0	(a).....0	0	0	0	0	141	26,720,351

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



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

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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	317,076				317,076
2. Annuity considerations.....	49,845,670		58,868		49,904,538
3. Deposit-type contract funds.....	169,783	XXX		XXX	169,783
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	50,332,529	0	58,868	0	50,391,396
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.....	128,150				128,150
10. Matured endowments.....					0
11. Annuity benefits.....	3,332,329		20,245		3,352,574
12. Surrender values and withdrawals for life contracts.....	6,826,003		1,402,376		8,228,379
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	10,286,483	0	1,422,621	0	11,709,103

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	128,150							3	128,150
Settled during current year:										
18.1 By payment in full.....	3	128,150							3	128,150
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	128,150	0	0	0	0	0	0	3	128,150
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	128,150	0	0	0	0	0	0	3	128,150
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.....	405	60,769,463		(a).....					405	60,769,463
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(21)	(3,242,043)							(21)	(3,242,043)
23. In force December 31 of current year.....	384	57,527,420	0	(a).....0	0	0	0	0	384	57,527,420

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	179,833				179,833
2. Annuity considerations.....	52,403,752		73,607		52,477,358
3. Deposit-type contract funds.....	106,555	XXX		XXX	106,555
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	52,690,140	0	73,607	0	52,763,747
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.....	306,444				306,444
10. Matured endowments.....					0
11. Annuity benefits.....	10,395,283		23,201		10,418,484
12. Surrender values and withdrawals for life contracts.....	18,317,523		333,135		18,650,659
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	29,019,251	0	356,336	0	29,375,587

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	6	306,444							6	306,444
Settled during current year:										
18.1 By payment in full.....	6	306,444							6	306,444
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	306,444	0	0	0	0	0	0	6	306,444
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	306,444	0	0	0	0	0	0	6	306,444
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	252	34,228,133		(a).....		1,912			252	34,230,045
21. Issued during year.....	2	33,529							2	33,529
22. Other changes to in force (Net).....	(13)	(408,915)				19			(13)	(408,896)
23. In force December 31 of current year.....	241	33,852,747	0	(a).....0	0	1,931	0	0	241	33,854,678

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	207,014	206,538		163,979	163,980
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	207,014	206,538	0	163,979	163,980
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	207,014	206,538	0	163,979	163,980

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	138,255				138,255
2. Annuity considerations.....	24,100,105		90,877		24,190,982
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,238,360	0	90,877	0	24,329,237
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.....	450,835				450,835
10. Matured endowments.....					0
11. Annuity benefits.....	5,615,474		17,146		5,632,619
12. Surrender values and withdrawals for life contracts.....	7,327,155		573,760		7,900,915
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.....	13,393,464	0	590,905	0	13,984,369

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	5,835							2	5,835
17. Incurred during current year.....	3	700,000							3	700,000
Settled during current year:										
18.1 By payment in full.....	3	450,835							3	450,835
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	450,835	0	0	0	0	0	0	3	450,835
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	450,835	0	0	0	0	0	0	3	450,835
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	255,000	0	0	0	0	0	0	2	255,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	203	47,379,941		(a).....					203	47,379,941
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(16)	(4,184,993)							(16)	(4,184,993)
23. In force December 31 of current year.....	187	43,194,948	0	(a).....0	0	0	0	0	187	43,194,948

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,645	7,644		3,287	3,400
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,645	7,644	0	3,287	3,400
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,645	7,644	0	3,287	3,400

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,321,745				1,321,745
2. Annuity considerations.....	146,153,596		11,596,070		157,749,666
3. Deposit-type contract funds.....	113,644	XXX		XXX	113,644
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	147,588,985	0	11,596,070	0	159,185,055
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.....	737,596		1,088		738,684
10. Matured endowments.....	432,500				432,500
11. Annuity benefits.....	24,341,772		217,253		24,559,025
12. Surrender values and withdrawals for life contracts.....	55,030,287		585,451		55,615,737
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	80,542,154	0	803,792	0	81,345,946

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,000							1	2,000
17. Incurred during current year.....	8	1,171,184							8	1,171,184
Settled during current year:										
18.1 By payment in full.....	8	1,171,184							8	1,171,184
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	1,171,184	0	0	0	0	0	0	8	1,171,184
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	1,171,184	0	0	0	0	0	0	8	1,171,184
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,362	419,850,607		(a).....	1	4,337			1,363	419,854,944
21. Issued during year.....	1	30,000							1	30,000
22. Other changes to in force (Net).....	(109)	(36,430,710)				(1,248)			(109)	(36,431,958)
23. In force December 31 of current year.....	1,254	383,449,897	0	(a).....0	1	3,089	0	0	1,255	383,452,986

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....		4			
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	167,939	166,819		142,640	146,951
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	167,939	166,819	0	142,640	146,951
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	167,939	166,823	0	142,640	146,951

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	336,587				336,587
2. Annuity considerations.....	192,650,960		617,033		193,267,993
3. Deposit-type contract funds.....	62,305	XXX		XXX	62,305
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	193,049,853	0	617,033	0	193,666,886
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,458,586				1,458,586
10. Matured endowments.....	58,700				58,700
11. Annuity benefits.....	18,551,133		443,276		18,994,409
12. Surrender values and withdrawals for life contracts.....	52,358,513		614,393		52,972,906
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	72,426,933	0	1,057,669	0	73,484,601

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	115,000							2	115,000
17. Incurred during current year.....	11	1,412,286							11	1,412,286
Settled during current year:										
18.1 By payment in full.....	12	1,517,286							12	1,517,286
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	1,517,286	0	0	0	0	0	0	12	1,517,286
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	1,517,286	0	0	0	0	0	0	12	1,517,286
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	529	111,963,154		(a).....	1	3,031			530	111,966,185
21. Issued during year.....	2	60,000							2	60,000
22. Other changes to in force (Net).....	(41)	(6,363,808)				31			(41)	(6,363,777)
23. In force December 31 of current year.....	490	105,659,346	0	(a).....0	1	3,062	0	0	491	105,662,408

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	218,207	221,349		178,635	179,702
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	218,207	221,349	0	178,635	179,702
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	218,207	221,349	0	178,635	179,702

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	223,602				223,602
2. Annuity considerations.....	25,210,131		22,073		25,232,204
3. Deposit-type contract funds.....	399,968	XXX		XXX	399,968
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	25,833,701	0	22,073	0	25,855,774
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.....	202,500				202,500
10. Matured endowments.....					0
11. Annuity benefits.....	5,349,388		113		5,349,501
12. Surrender values and withdrawals for life contracts.....	10,146,093		2,828		10,148,921
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	15,697,981	0	2,941	0	15,700,921

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	102,628							3	102,628
17. Incurred during current year.....	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full.....	3	202,500							3	202,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	202,500	0	0	0	0	0	0	3	202,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	202,500	0	0	0	0	0	0	3	202,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	128	0	0	0	0	0	0	1	128
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	291	66,771,041		(a).....		6,561			291	66,777,602
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(16)	(6,734,611)				(6,561)			(16)	(6,741,172)
23. In force December 31 of current year.....	275	60,036,430	0	(a).....0	0	0	0	0	275	60,036,430

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	225,015	233,332		223,382	(68,505)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	225,015	233,332	0	223,382	(68,505)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	225,015	233,332	0	223,382	(68,505)

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	278,436				278,436
2. Annuity considerations.....	71,783,696		3,887,840		75,671,536
3. Deposit-type contract funds.....	420,211	XXX		XXX	420,211
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	72,482,343	0	3,887,840	0	76,370,183
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.....	652,500				652,500
10. Matured endowments.....	196,000				196,000
11. Annuity benefits.....	11,159,545		57,759		11,217,304
12. Surrender values and withdrawals for life contracts.....	39,437,494		555,052		39,992,546
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	51,445,539	0	612,812	0	52,058,350

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	848,500							6	848,500
Settled during current year:										
18.1 By payment in full.....	6	848,500							6	848,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	848,500	0	0	0	0	0	0	6	848,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	848,500	0	0	0	0	0	0	6	848,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	435	89,505,993		(a).....		13,343			435	89,519,336
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(30)	(4,503,583)				133			(30)	(4,503,450)
23. In force December 31 of current year.....	405	85,002,410	0	(a).....0	0	13,476	0	0	405	85,015,886

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	417,890	418,340		392,325	390,215
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	417,890	418,340	0	392,325	390,215
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	417,890	418,340	0	392,325	390,215

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	342,459		234		342,694
2. Annuity considerations.....	128,706,938		21,811		128,728,749
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	129,049,397	0	22,046	0	129,071,443
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	265,000		263,936		528,936
10. Matured endowments.....					0
11. Annuity benefits.....	14,076,601		14,067		14,090,668
12. Surrender values and withdrawals for life contracts.....	34,232,840		20,016		34,252,856
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	48,574,441	0	298,019	0	48,872,460

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000			1	435			2	50,435
17. Incurred during current year.....	5	265,000			45	263,936			50	528,936
Settled during current year:										
18.1 By payment in full.....	5	265,000			45	263,936			50	528,936
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	265,000	0	0	45	263,936	0	0	50	528,936
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	265,000	0	0	45	263,936	0	0	50	528,936
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	1	435	0	0	2	50,435
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	558	95,775,096		(a).....		2,703,213			558	98,478,309
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(48)	(7,638,657)				(236,567)			(48)	(7,875,224)
23. In force December 31 of current year.....	510	88,136,439	0	(a).....0	0	2,466,646	0	0	510	90,603,085

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	60	66			(168)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	60	66	0	0	(168)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	60	66	0	0	(168)

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	725,384				725,384
2. Annuity considerations.....	73,044,935		1,807,070		74,852,004
3. Deposit-type contract funds.....	1,871,137	XXX		XXX	1,871,137
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	75,641,455	0	1,807,070	0	77,448,525
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.....	468,620		94,835		563,455
10. Matured endowments.....	66,300				66,300
11. Annuity benefits.....	18,003,053		268,129		18,271,182
12. Surrender values and withdrawals for life contracts.....	29,718,208		5,431,068		35,149,276
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	48,256,181	0	5,794,033	0	54,050,213

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	1,000							1	1,000
17. Incurred during current year.....	6	533,920			13	94,835			19	628,755
Settled during current year:										
18.1 By payment in full.....	7	534,920			13	94,835			20	629,755
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	534,920	0	0	13	94,835	0	0	20	629,755
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	534,920	0	0	13	94,835	0	0	20	629,755
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.....	898	189,204,854		(a).....		748,393			898	189,953,247
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(84)	(20,970,465)				(89,944)			(84)	(21,060,409)
23. In force December 31 of current year.....	814	168,234,389	0	(a).....0	0	658,449	0	0	814	168,892,838

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,184	1,508		1,027	689
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,184	1,508	0	1,027	689
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,184	1,508	0	1,027	689

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	937,020				937,020
2. Annuity considerations.....	82,177,817		1,339,716		83,517,533
3. Deposit-type contract funds.....	90,943	XXX		XXX	90,943
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	83,205,780	0	1,339,716	0	84,545,496
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.....	925,607		6,193		931,800
10. Matured endowments.....	86,500				86,500
11. Annuity benefits.....	12,054,329		303,551		12,357,880
12. Surrender values and withdrawals for life contracts.....	29,397,067		296,851		29,693,918
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	42,463,503	0	606,594	0	43,070,097

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	226,300							5	226,300
17. Incurred during current year.....	10	1,342,000							10	1,342,000
Settled during current year:										
18.1 By payment in full.....	13	1,018,300							13	1,018,300
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	1,018,300	0	0	0	0	0	0	13	1,018,300
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	1,018,300	0	0	0	0	0	0	13	1,018,300
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	550,000	0	0	0	0	0	0	2	550,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,190	281,146,645		(a).....		2,704			1,190	281,149,349
21. Issued during year.....	3	55,000							3	55,000
22. Other changes to in force (Net).....	(110)	(27,292,790)				27			(110)	(27,292,763)
23. In force December 31 of current year.....	1,083	253,908,855	0	(a).....0	0	2,731	0	0	1,083	253,911,586

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	138,875				138,875
2. Annuity considerations.....	21,495,532		317,179		21,812,711
3. Deposit-type contract funds.....	158,276	XXX		XXX	158,276
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,792,684	0	317,179	0	22,109,863
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.....	278,093		6,584		284,677
10. Matured endowments.....					0
11. Annuity benefits.....	2,672,266		94,195		2,766,461
12. Surrender values and withdrawals for life contracts.....	4,783,825		986,183		5,770,007
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	7,734,183	0	1,086,961	0	8,821,145

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	35,093							2	35,093
17. Incurred during current year.....	6	343,000			1	6,584			7	349,584
Settled during current year:										
18.1 By payment in full.....	7	278,093			1	6,584			8	284,677
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	278,093	0	0	1	6,584	0	0	8	284,677
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	278,093	0	0	1	6,584	0	0	8	284,677
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	301	52,050,653		(a).....		63,333			301	52,113,986
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(38)	(4,905,584)				(6,030)			(38)	(4,911,614)
23. In force December 31 of current year.....	263	47,145,069	0	(a).....0	0	57,303	0	0	263	47,202,372

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,418	8,417		345	411
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,418	8,417	0	345	411
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,418	8,417	0	345	411

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



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

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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	383,376				383,376
2. Annuity considerations.....	223,500,406		14,621,573		238,121,979
3. Deposit-type contract funds.....	102,060	XXX		XXX	102,060
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	223,985,842	0	14,621,573	0	238,607,415
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.....	527,000				527,000
10. Matured endowments.....	79,600				79,600
11. Annuity benefits.....	34,384,988		126,916		34,511,904
12. Surrender values and withdrawals for life contracts.....	98,733,004		1,840,347		100,573,351
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	133,724,592	0	1,967,263	0	135,691,855

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	425,000							2	425,000
17. Incurred during current year.....	3	181,600							3	181,600
Settled during current year:										
18.1 By payment in full.....	5	606,600							5	606,600
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	606,600	0	0	0	0	0	0	5	606,600
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	606,600	0	0	0	0	0	0	5	606,600
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.....	515	111,968,332		(a).....	1	3,403			516	111,971,735
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(32)	(8,387,256)				34			(32)	(8,387,222)
23. In force December 31 of current year.....	483	103,581,076	0	(a).....0	1	3,437	0	0	484	103,584,513

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	14,191	14,196		15,622	15,606
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	14,191	14,196	0	15,622	15,606
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,191	14,196	0	15,622	15,606

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	583,532				583,532
2. Annuity considerations.....	115,458,618		31,630		115,490,248
3. Deposit-type contract funds.....	465,678	XXX		XXX	465,678
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	116,507,828	0	31,630	0	116,539,458
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,847,675				1,847,675
10. Matured endowments.....					0
11. Annuity benefits.....	16,152,502		32,960		16,185,461
12. Surrender values and withdrawals for life contracts.....	37,130,559		238,695		37,369,253
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	55,130,735	0	271,654	0	55,402,390

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	21,665							4	21,665
17. Incurred during current year.....	25	2,298,006							25	2,298,006
Settled during current year:										
18.1 By payment in full.....	24	1,847,675							24	1,847,675
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	24	1,847,675	0	0	0	0	0	0	24	1,847,675
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	24	1,847,675	0	0	0	0	0	0	24	1,847,675
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	471,996	0	0	0	0	0	0	5	471,996
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	718	132,098,370		(a).....					718	132,098,370
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(87)	(18,469,393)							(87)	(18,469,393)
23. In force December 31 of current year.....	631	113,628,977	0	(a).....0	0	0	0	0	631	113,628,977

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	334	334			23
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	3,508	3,508			38
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,508	3,508	0	0	38
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,842	3,842	0	0	60

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	496,255				496,255
2. Annuity considerations.....	227,164,114		194,452		227,358,566
3. Deposit-type contract funds.....	640,594	XXX		XXX	640,594
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	228,300,964	0	194,452	0	228,495,416
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,945,999		811		1,946,810
10. Matured endowments.....	7,400				7,400
11. Annuity benefits.....	18,228,676		5,619		18,234,296
12. Surrender values and withdrawals for life contracts.....	51,864,921		187,185		52,052,106
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	72,046,996	0	193,615	0	72,240,612

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	60,092							3	60,092
17. Incurred during current year.....	11	1,994,399			1	811			12	1,995,210
Settled during current year:										
18.1 By payment in full.....	12	1,953,399			1	811			13	1,954,210
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	1,953,399	0	0	1	811	0	0	13	1,954,210
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	1,953,399	0	0	1	811	0	0	13	1,954,210
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	101,092	0	0	0	0	0	0	2	101,092
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	699	144,255,087		(a).....		136,831			699	144,391,918
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(66)	(13,293,596)				(717)			(66)	(13,294,313)
23. In force December 31 of current year.....	633	130,961,491	0	(a).....0	0	136,114	0	0	633	131,097,605

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,320	1,320			57
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	216,801	218,509		67,877	171,604
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	216,801	218,509	0	67,877	171,604
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	218,121	219,829	0	67,877	171,661

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	220,016				220,016
2. Annuity considerations.....	41,103,694		76,332		41,180,027
3. Deposit-type contract funds.....	106,048	XXX		XXX	106,048
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,429,758	0	76,332	0	41,506,091
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.....	407,000		1,825		408,825
10. Matured endowments.....					0
11. Annuity benefits.....	4,691,923		40,979		4,732,902
12. Surrender values and withdrawals for life contracts.....	15,976,333		55,296		16,031,630
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	21,075,256	0	98,101	0	21,173,356

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	4	357,000			1	1,825			5	358,825
Settled during current year:										
18.1 By payment in full.....	5	407,000			1	1,825			6	408,825
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	407,000	0	0	1	1,825	0	0	6	408,825
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	407,000	0	0	1	1,825	0	0	6	408,825
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.....	316	67,325,387		(a).....		36,085			316	67,361,472
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(23)	(3,924,458)				(1,499)			(23)	(3,925,957)
23. In force December 31 of current year.....	293	63,400,929	0	(a).....0	0	34,586	0	0	293	63,435,515

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,079	8,101		3,803	3,895
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,079	8,101	0	3,803	3,895
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,079	8,101	0	3,803	3,895

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	22,621				22,621
2. Annuity considerations.....	2,451,283		72,058		2,523,341
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,473,904	0	72,058	0	2,545,962
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.....	1,596,378		2,340		1,598,718
12. Surrender values and withdrawals for life contracts.....	1,662,959		27,448		1,690,408
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	3,259,338	0	29,789	0	3,289,126

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	42	5,991,175		(a).....		9,350			42	6,000,525
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(1,051,579)				93			(6)	(1,051,486)
23. In force December 31 of current year.....	36	4,939,596	0	(a).....0	0	9,443	0	0	36	4,949,039

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,182	7,182		1,705	1,754
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,182	7,182	0	1,705	1,754
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,182	7,182	0	1,705	1,754

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,387,799				1,387,799
2. Annuity considerations.....	216,402,576		8,141,700		224,544,276
3. Deposit-type contract funds.....	310,362	XXX		XXX	310,362
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	218,100,737	0	8,141,700	0	226,242,437
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,406,432		5,003		2,411,434
10. Matured endowments.....					0
11. Annuity benefits.....	31,189,610		185,684		31,375,294
12. Surrender values and withdrawals for life contracts.....	87,427,097		916,838		88,343,935
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	121,023,138	0	1,107,525	0	122,130,663

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	10	125,693							10	125,693
17. Incurred during current year.....	122	2,481,957			1	3,835			123	2,485,792
Settled during current year:										
18.1 By payment in full.....	123	2,407,599			1	3,835			124	2,411,434
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	123	2,407,599	0	0	1	3,835	0	0	124	2,411,434
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	123	2,407,599	0	0	1	3,835	0	0	124	2,411,434
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	200,051	0	0	0	0	0	0	9	200,051
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3,248	375,346,896		(a).....		37,190			3,248	375,384,086
21. Issued during year.....	4	55,000							4	55,000
22. Other changes to in force (Net).....	(235)	(25,880,018)				(3,499)			(235)	(25,883,517)
23. In force December 31 of current year.....	3,017	349,521,878	0	(a).....0	0	33,691	0	0	3,017	349,555,569

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,267	1,267			55
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	1,560,149	1,611,022		898,574	1,325,211
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,560,149	1,611,022	0	898,574	1,325,211
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,561,417	1,612,290	0	898,574	1,325,266

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	59,814				59,814
2. Annuity considerations.....	11,027,936		1,560		11,029,496
3. Deposit-type contract funds.....	196,500	XXX		XXX	196,500
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	11,284,251	0	1,560	0	11,285,810
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.....	1,721,741		409		1,722,151
12. Surrender values and withdrawals for life contracts.....	2,037,088		1,868		2,038,956
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	3,758,829	0	2,277	0	3,761,107

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	60	15,297,573		(a).....					60	15,297,573
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(2,299,849)							(6)	(2,299,849)
23. In force December 31 of current year.....	54	12,997,724	0	(a).....0	0	0	0	0	54	12,997,724

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....				1,111	1,111
25.3 Non-renewable for stated 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	1,111	1,111
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	1,111	1,111

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	205,930				205,930
2. Annuity considerations.....	14,130,463		1,943,956		16,074,420
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,336,393	0	1,943,956	0	16,280,349
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.....	137,876		7,322		145,198
10. Matured endowments.....	9,700				9,700
11. Annuity benefits.....	4,251,636		29,005		4,280,640
12. Surrender values and withdrawals for life contracts.....	3,869,949		21,495		3,891,444
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	8,269,160	0	57,822	0	8,326,982

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	3	137,576			1	7,322			4	144,898
Settled during current year:										
18.1 By payment in full.....	4	147,576			1	7,322			5	154,898
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	147,576	0	0	1	7,322	0	0	5	154,898
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	147,576	0	0	1	7,322	0	0	5	154,898
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.....	183	51,225,628		(a).....		15,212			183	51,240,840
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(3,458,684)				(7,080)			(15)	(3,465,764)
23. In force December 31 of current year.....	168	47,766,944	0	(a).....0	0	8,132	0	0	168	47,775,076

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	97,463	98,538		28,984	29,507
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	97,463	98,538	0	28,984	29,507
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	97,463	98,538	0	28,984	29,507

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	95,586				95,586
2. Annuity considerations.....	29,401,434		5,159,679		34,561,113
3. Deposit-type contract funds.....	640,807	XXX		XXX	640,807
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	30,137,827	0	5,159,679	0	35,297,506
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.....	130,203		13,516		143,719
10. Matured endowments.....	18,100				18,100
11. Annuity benefits.....	5,414,679		115,170		5,529,849
12. Surrender values and withdrawals for life contracts.....	11,621,343		65,289		11,686,632
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	17,184,325	0	193,975	0	17,378,300

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	248,303			2	13,516			6	261,819
Settled during current year:										
18.1 By payment in full.....	3	148,303			2	13,516			5	161,819
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	148,303	0	0	2	13,516	0	0	5	161,819
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	148,303	0	0	2	13,516	0	0	5	161,819
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	172	32,857,484		(a).....		24,256			172	32,881,740
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(23)	(6,732,405)				(13,377)			(23)	(6,745,782)
23. In force December 31 of current year.....	149	26,125,079	0	(a).....0	0	10,879	0	0	149	26,135,958

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	77,127	84,962		88,830	169,665
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	77,127	84,962	0	88,830	169,665
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	77,127	84,962	0	88,830	169,665

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,033,887				1,033,887
2. Annuity considerations.....	178,132,858		1,265,177		179,398,034
3. Deposit-type contract funds.....	681,726	XXX		XXX	681,726
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	179,848,470	0	1,265,177	0	181,113,647
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,390,059				1,390,059
10. Matured endowments.....					0
11. Annuity benefits.....	21,353,891		149,389		21,503,280
12. Surrender values and withdrawals for life contracts.....	70,901,928		2,214,577		73,116,505
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	93,645,878	0	2,363,966	0	96,009,844

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	116,848							6	116,848
17. Incurred during current year.....	14	1,325,059							14	1,325,059
Settled during current year:										
18.1 By payment in full.....	18	1,391,054							18	1,391,054
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	18	1,391,054	0	0	0	0	0	0	18	1,391,054
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	18	1,391,054	0	0	0	0	0	0	18	1,391,054
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	50,854	0	0	0	0	0	0	2	50,854
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,446	266,185,522		(a).....	1	109,989			1,447	266,295,511
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(99)	(19,662,216)				(30,106)			(99)	(19,692,322)
23. In force December 31 of current year.....	1,347	246,523,306	0	(a).....0	1	79,883	0	0	1,348	246,603,189

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	14,925	14,899		1,191	82,789
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	14,925	14,899	0	1,191	82,789
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,925	14,899	0	1,191	82,789

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	275,266				275,266
2. Annuity considerations.....	21,891,701		15,142		21,906,843
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	22,166,967	0	15,142	0	22,182,109
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.....	608,819				608,819
10. Matured endowments.....					0
11. Annuity benefits.....	3,069,808		7,590		3,077,398
12. Surrender values and withdrawals for life contracts.....	3,998,221		111,328		4,109,549
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	7,676,848	0	118,918	0	7,795,766

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pals. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	608,819							4	608,819
Settled during current year:										
18.1 By payment in full.....	4	608,819							4	608,819
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	608,819	0	0	0	0	0	0	4	608,819
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	608,819	0	0	0	0	0	0	4	608,819
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.....	313	76,460,964		(a).....		3,588			313	76,464,552
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(29)	(7,733,666)				21			(29)	(7,733,645)
23. In force December 31 of current year.....	284	68,727,298	0	(a).....0	0	3,609	0	0	284	68,730,907

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	429,536				429,536
2. Annuity considerations.....	27,814,672		402,944		28,217,616
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	28,244,208	0	402,944	0	28,647,152
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.....	429,231				429,231
10. Matured endowments.....					0
11. Annuity benefits.....	5,953,332		5,961		5,959,293
12. Surrender values and withdrawals for life contracts.....	8,761,636		544,934		9,306,570
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	15,144,199	0	550,895	0	15,695,094

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	429,231							5	429,231
Settled during current year:										
18.1 By payment in full.....	5	429,231							5	429,231
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	429,231	0	0	0	0	0	0	5	429,231
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	429,231	0	0	0	0	0	0	5	429,231
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.....	606	127,776,833		(a).....		2,337			606	127,779,170
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(78)	(17,919,154)				21			(78)	(17,919,133)
23. In force December 31 of current year.....	529	109,882,679	0	(a).....0	0	2,358	0	0	529	109,885,037

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,542	9,631		7,095	6,378
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,542	9,631	0	7,095	6,378
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,542	9,631	0	7,095	6,378

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	270,534				270,534
2. Annuity considerations.....	19,659,862		2,727,210		22,387,072
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,930,396	0	2,727,210	0	22,657,606
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.....	750,000		6,244		756,244
10. Matured endowments.....					0
11. Annuity benefits.....	8,715,869		106,380		8,822,249
12. Surrender values and withdrawals for life contracts.....	10,031,667		82,958		10,114,625
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	19,497,537	0	195,582	0	19,693,119

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	200,723							2	200,723
17. Incurred during current year.....	1	300,000			1	6,244			2	306,244
Settled during current year:										
18.1 By payment in full.....	2	500,000			1	6,244			3	506,244
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	500,000	0	0	1	6,244	0	0	3	506,244
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	500,000	0	0	1	6,244	0	0	3	506,244
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	723	0	0	0	0	0	0	1	723
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	226	58,474,082		(a).....		61,539			226	58,535,621
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(14)	(4,938,835)				(5,685)			(14)	(4,944,520)
23. In force December 31 of current year.....	212	53,535,247	0	(a).....0	0	55,854	0	0	212	53,591,101

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,422	9,415		117,263	(145,272)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,422	9,415	0	117,263	(145,272)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,422	9,415	0	117,263	(145,272)

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	903,940				903,940
2. Annuity considerations.....	236,421,274		16,079,520		252,500,794
3. Deposit-type contract funds.....	1,236,742	XXX		XXX	1,236,742
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	238,561,957	0	16,079,520	0	254,641,477
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,151,219		8,659		1,159,878
10. Matured endowments.....	56,000				56,000
11. Annuity benefits.....	37,621,135		581,824		38,202,959
12. Surrender values and withdrawals for life contracts.....	98,731,126		4,564,191		103,295,317
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	137,559,480	0	5,154,674	0	142,714,155

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	210,217			1	258			3	210,475
17. Incurred during current year.....	11	997,002			2	8,659			13	1,005,661
Settled during current year:										
18.1 By payment in full.....	13	1,207,219			2	8,659			15	1,215,878
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	1,207,219	0	0	2	8,659	0	0	15	1,215,878
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	1,207,219	0	0	2	8,659	0	0	15	1,215,878
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	1	258	0	0	1	258
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,144	228,769,654		(a).....		8,882			1,144	228,778,536
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(71)	(16,680,031)				(8,595)			(71)	(16,688,626)
23. In force December 31 of current year.....	1,074	212,114,623	0	(a).....0	0	287	0	0	1,074	212,114,910

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	380	380			17
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	64,990	73,438		31,604	31,230
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	64,990	73,438	0	31,604	31,230
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	65,370	73,818	0	31,604	31,246

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



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

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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	710,677				710,677
2. Annuity considerations.....	16,542,199		139,090		16,681,289
3. Deposit-type contract funds.....	299,480	XXX		XXX	299,480
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	17,552,356	0	139,090	0	17,691,446
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,336,650		14,288		1,350,938
10. Matured endowments.....					0
11. Annuity benefits.....	4,676,967		58,926		4,735,893
12. Surrender values and withdrawals for life contracts.....	6,848,371		227,510		7,075,881
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	12,861,988	0	300,724	0	13,162,712

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	18,350			1	1,067			3	19,417
17. Incurred during current year.....	10	1,338,500			2	13,221			12	1,351,721
Settled during current year:										
18.1 By payment in full.....	10	1,336,650			3	14,288			13	1,350,938
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	1,336,650	0	0	3	14,288	0	0	13	1,350,938
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	1,336,650	0	0	3	14,288	0	0	13	1,350,938
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	20,200	0	0	0	0	0	0	2	20,200
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,018	185,159,490		(a).....		142,471			1,018	185,301,961
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(67)	(15,215,460)				(7,818)			(67)	(15,223,278)
23. In force December 31 of current year.....	951	169,944,030	0	(a).....0	0	134,653	0	0	951	170,078,683

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	173,418	175,094		316,919	577,927
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	173,418	175,094	0	316,919	577,927
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	173,418	175,094	0	316,919	577,927

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	172,697				172,697
2. Annuity considerations.....	44,173,150		114,499		44,287,649
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	44,345,847	0	114,499	0	44,460,346
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.....	706,693				706,693
10. Matured endowments.....	4,863				4,863
11. Annuity benefits.....	10,458,944		9,724		10,468,668
12. Surrender values and withdrawals for life contracts.....	27,939,771		728,620		28,668,390
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	39,110,271	0	738,343	0	39,848,614

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	29	98,547							29	98,547
17. Incurred during current year.....	251	627,177				4,863			251	632,040
Settled during current year:										
18.1 By payment in full.....	267	706,693				4,863			267	711,556
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	267	706,693	0	0	0	4,863	0	0	267	711,556
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	267	706,693	0	0	0	4,863	0	0	267	711,556
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	13	19,031	0	0	0	0	0	0	13	19,031
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,196	57,363,533		(a).....		14,120			4,196	57,377,653
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(302)	(3,981,027)				142			(302)	(3,980,885)
23. In force December 31 of current year.....	3,894	53,382,506	0	(a).....0	0	14,262	0	0	3,894	53,396,768

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	5,092	5,092			238
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	81,137	80,609		36,798	40,822
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	81,137	80,609	0	36,798	40,822
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	86,229	85,701	0	36,798	41,060

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



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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	76,092				76,092
2. Annuity considerations.....	51,691		20,681		72,373
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,784	0	20,681	0	148,465
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.....	1,251,548		14,992		1,266,540
12. Surrender values and withdrawals for life contracts.....	760,109		76,468		836,577
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	2,011,657	0	91,460	0	2,103,117

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,916							1	5,916
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,916	0	0	0	0	0	0	1	5,916
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	33	14,128,635		(a).....	6	73,579			39	14,202,214
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	4	551,423			(2)	(4,266)			2	547,157
23. In force December 31 of current year.....	37	14,680,058	0	(a).....0	4	69,313	0	0	41	14,749,371

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,544,279				1,544,279
2. Annuity considerations.....	285,174,098		19,636,338		304,810,437
3. Deposit-type contract funds.....	1,092,881	XXX		XXX	1,092,881
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	287,811,258	0	19,636,338	0	307,447,596
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.....	5,286,367				5,286,367
10. Matured endowments.....	30,000				30,000
11. Annuity benefits.....	37,770,640		213,788		37,984,428
12. Surrender values and withdrawals for life contracts.....	96,404,082		208,011		96,612,093
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	139,491,089	0	421,798	0	139,912,887

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	54,575							3	54,575
17. Incurred during current year.....	19	5,311,792							19	5,311,792
Settled during current year:										
18.1 By payment in full.....	21	5,316,367							21	5,316,367
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	21	5,316,367	0	0	0	0	0	0	21	5,316,367
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	21	5,316,367	0	0	0	0	0	0	21	5,316,367
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,254	493,640,864		(a).....		24,971			2,254	493,665,835
21. Issued during year.....	7	125,000							7	125,000
22. Other changes to in force (Net).....	(213)	(54,393,175)				219			(213)	(54,392,956)
23. In force December 31 of current year.....	2,048	439,372,689	0	(a).....0	0	25,190	0	0	2,048	439,397,879

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	39,563	42,133		22,946	22,798
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	39,563	42,133	0	22,946	22,798
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	39,563	42,133	0	22,946	22,798

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,096				1,096
2. Annuity considerations.....			1,028		1,028
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,096	0	1,028	0	2,123
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.....			703		703
10. Matured endowments.....					0
11. Annuity benefits.....			618		618
12. Surrender values and withdrawals for life contracts.....	268,288				268,288
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	268,288	0	1,321	0	269,609

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	88,465				88,465
2. Annuity considerations.....	21,097,367		849,243		21,946,611
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,185,832	0	849,243	0	22,035,076
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.....	5,011,079		138,545		5,149,623
12. Surrender values and withdrawals for life contracts.....	7,986,744		662,231		8,648,975
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	12,997,822	0	800,776	0	13,798,598

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....					1	3,553			1	3,553
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	1	3,553	0	0	1	3,553
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	129	22,722,312		(a).....		24,780			129	22,747,092
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(2,054,822)				11,670			(9)	(2,043,152)
23. In force December 31 of current year.....	120	20,667,490	0	(a).....0	0	36,450	0	0	120	20,703,940

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,671	9,244		79,949	75,095
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,671	9,244	0	79,949	75,095
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,671	9,244	0	79,949	75,095

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	583,930				583,930
2. Annuity considerations.....	127,196,098		184,414		127,380,512
3. Deposit-type contract funds.....	208,975	XXX		XXX	208,975
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,989,003	0	184,414	0	128,173,417
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.....	508,941		9,014		517,955
10. Matured endowments.....	30,000				30,000
11. Annuity benefits.....	18,212,310		66,482		18,278,793
12. Surrender values and withdrawals for life contracts.....	49,769,742		161,047		49,930,789
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	68,520,993	0	236,543	0	68,757,536

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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	12	628,941			1	9,014			13	637,955
Settled during current year:										
18.1 By payment in full.....	12	538,941			1	9,014			13	547,955
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	538,941	0	0	1	9,014	0	0	13	547,955
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	538,941	0	0	1	9,014	0	0	13	547,955
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	773	134,538,718		(a).....		34,517			773	134,573,235
21. Issued during year.....	2	60,000							2	60,000
22. Other changes to in force (Net).....	(60)	(14,715,880)				(8,438)			(60)	(14,724,318)
23. In force December 31 of current year.....	715	119,882,838	0	(a).....0	0	26,079	0	0	715	119,908,917

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	496,520	501,115		253,166	252,790
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	496,520	501,115	0	253,166	252,790
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	496,520	501,115	0	253,166	252,790

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	62,658				62,658
2. Annuity considerations.....	9,908,393		95,753		10,004,146
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,971,050	0	95,753	0	10,066,804
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.....	10,500				10,500
11. Annuity benefits.....	2,036,643		95,406		2,132,049
12. Surrender values and withdrawals for life contracts.....	1,471,732		62,264		1,533,995
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,518,874	0	157,669	0	3,676,544

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		10,500							0	10,500
Settled during current year:										
18.1 By payment in full.....		10,500							0	10,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	10,500	0	0	0	0	0	0	0	10,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	10,500	0	0	0	0	0	0	0	10,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	83	18,418,719		(a).....					83	18,418,719
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(550,500)							(4)	(550,500)
23. In force December 31 of current year.....	79	17,868,219	0	(a).....0	0	0	0	0	79	17,868,219

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	25	10,527		69,131	39,848
25.3 Non-renewable for stated 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	10,527	0	69,131	39,848
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	25	10,527	0	69,131	39,848

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	648,408				648,408
2. Annuity considerations.....	172,820,129		4,042,007		176,862,136
3. Deposit-type contract funds.....	224,461	XXX		XXX	224,461
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	173,692,998	0	4,042,007	0	177,735,005
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,392,500		484,658		1,877,158
10. Matured endowments.....					0
11. Annuity benefits.....	22,934,049		118,602		23,052,652
12. Surrender values and withdrawals for life contracts.....	67,367,011		995,317		68,362,329
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	91,693,561	0	1,598,578	0	93,292,138

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	156,500			4	6,134			7	162,634
17. Incurred during current year.....	5	1,336,000			80	483,072			85	1,819,072
Settled during current year:										
18.1 By payment in full.....	7	1,392,500			81	484,658			88	1,877,158
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	1,392,500	0	0	81	484,658	0	0	88	1,877,158
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	1,392,500	0	0	81	484,658	0	0	88	1,877,158
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	3	4,548	0	0	4	104,548
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	931	255,189,133		(a).....		6,694,484			931	261,883,617
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(68)	(16,528,942)				(386,991)			(68)	(16,915,933)
23. In force December 31 of current year.....	863	238,660,191	0	(a).....0	0	6,307,493	0	0	863	244,967,684

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	365,176	383,791		381,151	402,457
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	365,176	383,791	0	381,151	402,457
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	365,176	383,791	0	381,151	402,457

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



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

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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,746,541				3,746,541
2. Annuity considerations.....	249,518,563		1,221,881		250,740,444
3. Deposit-type contract funds.....	315,632	XXX		XXX	315,632
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	253,580,736	0	1,221,881	0	254,802,617
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,680,435		9,551		3,689,986
10. Matured endowments.....	158,300				158,300
11. Annuity benefits.....	33,954,053		396,194		34,350,247
12. Surrender values and withdrawals for life contracts.....	65,230,685		6,931,301		72,161,985
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	103,023,472	0	7,337,046	0	110,360,518

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	10	665,641							10	665,641
17. Incurred during current year.....	42	3,813,429			2	8,383			44	3,821,812
Settled during current year:										
18.1 By payment in full.....	44	3,839,903			2	8,383			46	3,848,286
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	44	3,839,903	0	0	2	8,383	0	0	46	3,848,286
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	44	3,839,903	0	0	2	8,383	0	0	46	3,848,286
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	639,168	0	0	0	0	0	0	8	639,168
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,566	1,029,390,173		(a).....		150,583			4,566	1,029,540,756
21. Issued during year.....	6	351,248							6	351,248
22. Other changes to in force (Net).....	(322)	(72,491,460)				(2,458)			(322)	(72,493,918)
23. In force December 31 of current year.....	4,250	957,249,961	0	(a).....0	0	148,125	0	0	4,250	957,398,086

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	252,423	256,292		208,474	209,753
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	252,423	256,292	0	208,474	209,753
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	252,423	256,292	0	208,474	209,753

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	169,425				169,425
2. Annuity considerations.....	80,219,879		83,975		80,303,854
3. Deposit-type contract funds.....	1,134,975	XXX		XXX	1,134,975
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	81,524,278	0	83,975	0	81,608,253
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.....	165,000				165,000
10. Matured endowments.....					0
11. Annuity benefits.....	9,434,298		99,012		9,533,309
12. Surrender values and withdrawals for life contracts.....	22,136,394		68,464		22,204,858
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	31,735,691	0	167,476	0	31,903,167

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	165,000							4	165,000
Settled during current year:										
18.1 By payment in full.....	4	165,000							4	165,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	165,000	0	0	0	0	0	0	4	165,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	165,000	0	0	0	0	0	0	4	165,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	229	67,140,035		(a).....					229	67,140,035
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(2,952,610)							(11)	(2,952,610)
23. In force December 31 of current year.....	218	64,187,425	0	(a).....0	0	0	0	0	218	64,187,425

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	63,684	58,313		26,749	27,402
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	63,684	58,313	0	26,749	27,402
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	63,684	58,313	0	26,749	27,402

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,393,605				1,393,605
2. Annuity considerations.....	85,197,576		180,993		85,378,570
3. Deposit-type contract funds.....	84,597	XXX		XXX	84,597
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	86,675,778	0	180,993	0	86,856,771
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,355,841				1,355,841
10. Matured endowments.....	69,300				69,300
11. Annuity benefits.....	17,554,521		38,242		17,592,763
12. Surrender values and withdrawals for life contracts.....	51,120,911		822,934		51,943,845
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	70,100,574	0	861,176	0	70,961,750

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	169,053							4	169,053
17. Incurred during current year.....	12	1,256,088							12	1,256,088
Settled during current year:										
18.1 By payment in full.....	16	1,425,141							16	1,425,141
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	1,425,141	0	0	0	0	0	0	16	1,425,141
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	1,425,141	0	0	0	0	0	0	16	1,425,141
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.....	1,862	420,902,225		(a).....		81,608			1,862	420,983,833
21. Issued during year.....	4	87,000							4	87,000
22. Other changes to in force (Net).....	(180)	(37,995,111)				1,560			(180)	(37,993,551)
23. In force December 31 of current year.....	1,686	382,994,114	0	(a).....0	0	83,168	0	0	1,686	383,077,282

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	5,216	5,216			227
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	222,072	233,216		192,225	340,062
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).....	222,072	233,216	0	192,225	340,062
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	227,288	238,432	0	192,225	340,289

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



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,070				4,070
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,070	0	0	0	4,070
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.....	2,968				2,968
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	2,968	0	0	0	2,968

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	45,342				45,342
2. Annuity considerations.....	13,630,455		53,266		13,683,720
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,675,797	0	53,266	0	13,729,062
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	107,956				107,956
10. Matured endowments.....					0
11. Annuity benefits.....	1,588,439		6,779		1,595,218
12. Surrender values and withdrawals for life contracts.....	1,660,523		307,231		1,967,754
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	3,356,919	0	314,009	0	3,670,928

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,000							1	2,000
17. Incurred during current year.....	3	107,956							3	107,956
Settled during current year:										
18.1 By payment in full.....	3	107,956							3	107,956
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	107,956	0	0	0	0	0	0	3	107,956
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	107,956	0	0	0	0	0	0	3	107,956
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	81	15,324,800		(a).....		3,889			81	15,328,689
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(2,394,506)				39			(2)	(2,394,467)
23. In force December 31 of current year.....	79	12,930,294	0	(a).....0	0	3,928	0	0	79	12,934,222

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	18,900	18,900			134
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	18,900	18,900	0	0	134
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,900	18,900	0	0	134

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	596,857				596,857
2. Annuity considerations.....	125,939,961		5,836,614		131,776,575
3. Deposit-type contract funds.....	1,575,110	XXX		XXX	1,575,110
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	128,111,928	0	5,836,614	0	133,948,542
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,158,503				4,158,503
10. Matured endowments.....					0
11. Annuity benefits.....	30,890,061		480,670		31,370,732
12. Surrender values and withdrawals for life contracts.....	70,992,569		1,586,817		72,579,386
13. Aggregate write-ins for miscellaneous direct claims and benefits paid...	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	106,041,133	0	2,067,488	0	108,108,621

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	22,709							5	22,709
17. Incurred during current year.....	14	4,147,247							14	4,147,247
Settled during current year:										
18.1 By payment in full.....	16	4,158,503							16	4,158,503
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	4,158,503	0	0	0	0	0	0	16	4,158,503
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	4,158,503	0	0	0	0	0	0	16	4,158,503
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	11,453	0	0	0	0	0	0	3	11,453
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	896	158,068,777		(a).....		16,272			896	158,085,049
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(53)	(10,510,823)				163			(53)	(10,510,660)
23. In force December 31 of current year.....	843	147,557,954	0	(a).....0	0	16,435	0	0	843	147,574,389

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	195,136	211,732		124,061	72,615
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	195,136	211,732	0	124,061	72,615
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	195,136	211,732	0	124,061	72,615

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	342,879				342,879
2. Annuity considerations.....	97,633,263		1,250,536		98,883,799
3. Deposit-type contract funds.....	233,160	XXX		XXX	233,160
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	98,209,302	0	1,250,536	0	99,459,838
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.....	237,000				237,000
10. Matured endowments.....	8,000				8,000
11. Annuity benefits.....	11,304,847		16,409		11,321,256
12. Surrender values and withdrawals for life contracts.....	28,062,034		75,885		28,137,919
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	39,611,881	0	92,294	0	39,704,175

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	8	245,000							8	245,000
Settled during current year:										
18.1 By payment in full.....	8	245,000							8	245,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	245,000	0	0	0	0	0	0	8	245,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	245,000	0	0	0	0	0	0	8	245,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	521	96,481,975		(a).....					521	96,481,975
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(36)	(9,217,988)							(36)	(9,217,988)
23. In force December 31 of current year.....	485	87,263,987	0	(a).....0	0	0	0	0	485	87,263,987

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	65,921	68,361			3,002
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 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).....	249,773	256,848		218,643	244,671
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	249,773	256,848	0	218,643	244,671
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	315,694	325,209	0	218,643	247,673

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	133,639				133,639
2. Annuity considerations.....	35,202,180		79,305		35,281,485
3. Deposit-type contract funds.....	48,214	XXX		XXX	48,214
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	35,384,033	0	79,305	0	35,463,338
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	3,409,595		15,302		3,424,898
12. Surrender values and withdrawals for life contracts.....	15,731,938		9,600		15,741,538
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	19,141,534	0	24,902	0	19,166,436

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	4,000							1	4,000
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	4,000	0	0	0	0	0	0	1	4,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	121	19,589,052		(a).....					121	19,589,052
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(1,097,786)							(9)	(1,097,786)
23. In force December 31 of current year.....	112	18,491,266	0	(a).....0	0	0	0	0	112	18,491,266

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,895	10,683		54,528	129,329
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,895	10,683	0	54,528	129,329
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,895	10,683	0	54,528	129,329

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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	33,618				33,618
2. Annuity considerations.....	6,347,943		29,390		6,377,333
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,381,561	0	29,390	0	6,410,951
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.....	1,153,092		687		1,153,779
12. Surrender values and withdrawals for life contracts.....	1,363,078		5,027		1,368,106
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....		0			0
15. Totals.....	2,516,171	0	5,714	0	2,521,885

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	51	11,217,223		(a).....		6,972			51	11,224,195
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(447,948)				70			(3)	(447,878)
23. In force December 31 of current year.....	48	10,769,275	0	(a).....0	0	7,042	0	0	48	10,776,317

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....				65	65
25.3 Non-renewable for stated 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	65	65
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	65	65

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

Annual Statement for the year 2018 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	52,202,829
2. Current year's realized pre-tax capital gains/(losses) of \$.....(9,011,786) transferred into the reserve net of taxes of \$.....(1,892,475).....	(7,119,311)
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).....	45,083,518
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	12,949,452
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	32,134,066

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. 2018.....	13,466,091	(516,639)		12,949,452
2. 2019.....	9,381,865	(1,151,884)		8,229,981
3. 2020.....	6,324,373	(983,942)		5,340,431
4. 2021.....	4,024,174	(875,115)		3,149,059
5. 2022.....	2,591,193	(764,986)		1,826,207
6. 2023.....	1,886,036	(654,353)		1,231,682
7. 2024.....	1,563,549	(547,062)		1,016,487
8. 2025.....	1,391,243	(461,632)		929,611
9. 2026.....	1,282,489	(368,807)		913,682
10. 2027.....	1,289,493	(272,120)		1,017,373
11. 2028.....	1,268,884	(169,525)		1,099,359
12. 2029.....	1,164,065	(108,159)		1,055,906
13. 2030.....	1,061,498	(86,945)		974,553
14. 2031.....	960,028	(63,191)		896,837
15. 2032.....	857,861	(38,058)		819,803
16. 2033.....	779,916	(14,195)		765,721
17. 2034.....	672,386	(1,281)		671,106
18. 2035.....	552,159	(1,718)		550,441
19. 2036.....	444,118	(2,265)		441,854
20. 2037.....	351,269	(2,839)		348,430
21. 2038.....	273,128	(3,304)		269,824
22. 2039.....	210,622	(3,686)		206,935
23. 2040.....	159,826	(3,850)		155,976
24. 2041.....	120,540	(3,932)		116,609
25. 2042.....	105,865	(4,178)		101,687
26. 2043.....	15,506	(4,260)		11,246
27. 2044.....	4,652	(4,014)		638
28. 2045.....		(3,195)		(3,195)
29. 2046.....		(2,294)		(2,294)
30. 2047.....		(1,393)		(1,393)
31. 2048 and Later.....		(491)		(491)
32. Total (Lines 1 to 31).....	52,202,829	(7,119,311)	0	45,083,517

Annual Statement for the year 2018 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	128,796,949	8,342,996	137,139,945	93,776,919	66,132,801	159,909,719	297,049,664
2. Realized capital gains/(losses) net of taxes - General Account.....	(17,417,641)	(45,985)	(17,463,626)	(3,428,547)	(8,703,822)	(12,132,369)	(29,595,995)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	550,751		550,751	(70,057,588)	43,713,735	(26,343,853)	(25,793,103)
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.....	38,709,397	1,856,546	40,565,943		248,273	248,273	40,814,216
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	150,639,455	10,153,557	160,793,012	20,290,783	101,390,987	121,681,770	282,474,782
9. Maximum reserve.....	197,469,604	7,946,782	205,416,386	95,967,523	123,466,513	219,434,036	424,850,422
10. Reserve objective.....	137,185,996	6,093,221	143,279,217	95,826,762	123,078,874	218,905,636	362,184,853
11. 20% of (Line 10 minus Line 8).....	(2,690,692)	(812,067)	(3,502,759)	15,107,196	4,337,577	19,444,773	15,942,014
12. Balance before transfers (Lines 8 + 11).....	147,948,763	9,341,490	157,290,253	35,397,979	105,728,564	141,126,543	298,416,796
13. Transfers.....	1,394,708	(1,394,708)	(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).....	149,343,470	7,946,782	157,290,253	35,397,979	105,728,564	141,126,543	298,416,796

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	21,090,189	.XXX.	XXX.	21,090,189	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	19,808,173,413	.XXX.	XXX.	19,808,173,413	0.0004	7,923,269	0.0023	45,558,799	0.0030	59,424,520
3	2	High quality.....	10,040,687,948	.XXX.	XXX.	10,040,687,948	0.0019	19,077,307	0.0058	58,235,990	0.0090	90,366,192
4	3	Medium quality.....	505,434,390	.XXX.	XXX.	505,434,390	0.0093	4,700,540	0.0230	11,624,991	0.0340	17,184,769
5	4	Low quality.....	114,158,019	.XXX.	XXX.	114,158,019	0.0213	2,431,566	0.0530	6,050,375	0.0750	8,561,851
6	5	Lower quality.....	50,127,139	.XXX.	XXX.	50,127,139	0.0432	2,165,492	0.1100	5,513,985	0.1700	8,521,614
7	6	In or near default.....	15,616,299	.XXX.	XXX.	15,616,299	0.0000	0	0.2000	3,123,260	0.2000	3,123,260
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).....	30,555,287,396	.XXX.	XXX.	30,555,287,396	.XXX.	36,298,174	.XXX.	130,107,400	.XXX.	187,182,206
		PREFERRED STOCKS										
10	1	Highest quality.....	10,000,033	.XXX.	XXX.	10,000,033	0.0004	4,000	0.0023	23,000	0.0030	30,000
11	2	High quality.....	187,535,027	.XXX.	XXX.	187,535,027	0.0019	356,317	0.0058	1,087,703	0.0090	1,687,815
12	3	Medium quality.....		.XXX.	XXX.	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....	26,660,599	.XXX.	XXX.	26,660,599	0.0213	567,871	0.0530	1,413,012	0.0750	1,999,545
14	5	Lower quality.....	16,496,934	.XXX.	XXX.	16,496,934	0.0432	712,668	0.1100	1,814,663	0.1700	2,804,479
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).....	240,692,593	.XXX.	XXX.	240,692,593	.XXX.	1,640,855	.XXX.	4,338,378	.XXX.	6,521,839
		SHORT-TERM BONDS										
18		Exempt obligations.....		.XXX.	XXX.	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	396,348,388	.XXX.	XXX.	396,348,388	0.0004	158,539	0.0023	911,601	0.0030	1,189,045
20	2	High quality.....	48,546,740	.XXX.	XXX.	48,546,740	0.0019	92,239	0.0058	281,571	0.0090	436,921
21	3	Medium quality.....		.XXX.	XXX.	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....	20,735,395	.XXX.	XXX.	20,735,395	0.0213	441,664	0.0530	1,098,976	0.0750	1,555,155
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).....	465,630,523	.XXX.	XXX.	465,630,523	.XXX.	692,442	.XXX.	2,292,148	.XXX.	3,181,120
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		.XXX.	XXX.	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....	194,812,888	.XXX.	XXX.	194,812,888	0.0004	77,925	0.0023	448,070	0.0030	584,439
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.....	194,812,888	.XXX.	XXX.	194,812,888	.XXX.	77,925	.XXX.	448,070	.XXX.	584,439
34		Total (Lines 9 + 17 + 25 + 33).....	31,456,423,400	.XXX.	XXX.	31,456,423,400	.XXX.	38,709,397	.XXX.	137,185,996	.XXX.	197,469,604

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
						(Cols. 1 + 2 + 3)	Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In good standing:										
		35 Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
		36 Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
		37 Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
		38 Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
		39 Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
		40 Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
		41 Residential mortgages-all other.....	254,661,000		XXX.....	254,661,000	0.0013	331,059	0.0030	763,983	0.0040	1,018,644
		42 Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
		43 Commercial mortgages-all other - CM1 - highest quality.....	452,912,076		XXX.....	452,912,076	0.0010	452,912	0.0050	2,264,560	0.0065	2,943,928
		44 Commercial mortgages-all other - CM2 - high quality.....	302,115,962		XXX.....	302,115,962	0.0035	1,057,406	0.0100	3,021,160	0.0130	3,927,508
		45 Commercial mortgages-all other - CM3 - medium quality.....	2,325,635		XXX.....	2,325,635	0.0060	13,954	0.0175	40,699	0.0225	52,327
		46 Commercial mortgages-all other - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
		47 Commercial mortgages-all other - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, not in process:										
		48 Farm mortgages.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
		49 Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
		50 Residential mortgages-all other.....	486,164		XXX.....	486,164	0.0025	1,215	0.0058	2,820	0.0090	4,375
		51 Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
		52 Commercial mortgages-all other.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
		53 Farm mortgages.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
		54 Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
		55 Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0130	0	0.0130	0
		56 Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
		57 Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
		58 Total Schedule B mortgages (sum of Lines 35 through 57).....	1,012,500,837	0	XXX.....	1,012,500,837	XXX.....	1,856,546	XXX.....	6,093,221	XXX.....	7,946,782
		59 Schedule DA mortgages.....			XXX.....	0	0.0030	0	0.0100	0	0.0130	0
		60 Total mortgage loans on real estate (Lines 58 + 59).....	1,012,500,837	0	XXX.....	1,012,500,837	XXX.....	1,856,546	XXX.....	6,093,221	XXX.....	7,946,782

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....	427,430,049	XXX.....	XXX.....	427,430,049	0.0000	0	(a).....0.1690	72,235,678	(a).....0.1690	72,235,678
2		Unaffiliated private.....	145,978,028	XXX.....	XXX.....	145,978,028	0.0000	0	0.1600	23,356,485	0.1600	23,356,485
3		Federal Home Loan Bank.....	46,920,000	XXX.....	XXX.....	46,920,000	0.0000	0	0.0050	234,600	0.0080	375,360
4		Affiliated life with AVR.....	321,569,329	XXX.....	XXX.....	321,569,329	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....	0	XXX.....		0	XXX.....		XXX.....		XXX.....	
6		Fixed income highest quality.....	0	XXX.....		0	XXX.....		XXX.....		XXX.....	
7		Fixed income high quality.....	0	XXX.....		0	XXX.....		XXX.....		XXX.....	
8		Fixed income medium quality.....	0	XXX.....		0	XXX.....		XXX.....		XXX.....	
9		Fixed income low quality.....	0	XXX.....		0	XXX.....		XXX.....		XXX.....	
10		Fixed income lower quality.....	0	XXX.....		0	XXX.....		XXX.....		XXX.....	
11		Fixed income in or near default.....	0	XXX.....		0	XXX.....		XXX.....		XXX.....	
12		Unaffiliated common stock public.....	0	0.0000		0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....	0	0.0000		0	0.0000	0	0.1600	0	0.1600	0
14		Real estate.....	0			0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	941,897,407	0	0	941,897,407	XXX.....	0	XXX.....	95,826,763	XXX.....	95,967,523
		REAL ESTATE										
18		Home office property (General Account only).....	0			0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....	96,793,633			96,793,633	0.0000	0	0.0750	7,259,522	0.0750	7,259,522
20		Properties acquired in satisfaction of debt.....	0			0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	96,793,633	0	0	96,793,633	XXX.....	0	XXX.....	7,259,522	XXX.....	7,259,522
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....	163,908,506	XXX.....	XXX.....	163,908,506	0.0004	65,563	0.0023	376,990	0.0030	491,726
24	2	High quality.....	74,574,630	XXX.....	XXX.....	74,574,630	0.0019	141,692	0.0058	432,533	0.0090	671,172
25	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality.....	19,396	XXX.....	XXX.....	19,396	0.0213	413	0.0530	1,028	0.0750	1,455
27	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....	161,605,463	XXX.....	XXX.....	161,605,463	0.0000	0	0.2000	32,321,093	0.2000	32,321,093
29		Total with bond characteristics (sum of Lines 22 through 28).....	400,107,995	XXX.....	XXX.....	400,107,995	XXX.....	207,668	XXX.....	33,131,643	XXX.....	33,485,445

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
39		Mortgages - CM2 - high quality.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		Mortgages - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
41		Mortgages - CM4 - low medium quality.....			XXX	0	0.0105	0	0.0300	0	0.0375	0
42		Mortgages - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
43		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
44		Residential mortgages-all other.....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
48		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure Affiliated:										
51		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
52		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
53		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
54		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
56		Total Affiliated (Sum of Lines 38 through 55).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57		Unaffiliated - In Good Standing with Covenants.....			XXX	0	(c)	0	(c)	0	(c)	0
58		Unaffiliated - In Good Standing Defeased with Government Securities.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
59		Unaffiliated - In Good Standing Primarily Senior.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
60		Unaffiliated - In Good Standing All Other.....	6,767,370		XXX	6,767,370	0.0060	40,604	0.0175	118,429	0.0225	152,266
61		Unaffiliated - Overdue, Not in Process.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
62		Unaffiliated - In Process of Foreclosure.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
63		Total Unaffiliated (Sum of Lines 57 through 62).....	6,767,370	0	XXX	6,767,370	XXX	40,604	XXX	118,429	XXX	152,266
64		Total with Mortgage Loan Characteristics (Lines 56 + 63).....	6,767,370	0	XXX	6,767,370	XXX	40,604	XXX	118,429	XXX	152,266

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ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(a).....	0	(a).....	0
66		Unaffiliated private.....	367,585,795	XXX.....	XXX.....	367,585,795	0.0000	0	0.1600	58,813,727	0.1600	58,813,727
67		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
68		Affiliated certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0
69		Affiliated other - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69).....	367,585,795	XXX.....	XXX.....	367,585,795	XXX.....	0	XXX.....	58,813,727	XXX.....	58,813,727
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home office property (general account only).....				0	0.0000	0	0.0750	0	0.0750	0
72		Investment properties.....	312,196,882			312,196,882	0.0000	0	0.0750	23,414,766	0.0750	23,414,766
73		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73).....	312,196,882	0	0	312,196,882	XXX.....	0	XXX.....	23,414,766	XXX.....	23,414,766
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed federal low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
77		Guaranteed state low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed state low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
79		All other low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		ALL OTHER INVESTMENTS										
81		NAIC 1 working capital finance investments.....		XXX.....		0	0.0000	0	0.0037	0	0.0037	0
82		NAIC 2 working capital finance investments.....		XXX.....		0	0.0000	0	0.0120	0	0.0120	0
83		Other invested assets - Schedule BA.....	2,621,438	XXX.....		2,621,438	0.0000	0	0.1300	340,787	0.1300	340,787
84		Other short-term invested assets - Schedule DA.....		XXX.....		0	0.0000	0	0.1300	0	0.1300	0
85		Total All Other (sum of Lines 81, 82, 83 and 84).....	2,621,438	XXX.....	0	2,621,438	XXX.....	0	XXX.....	340,787	XXX.....	340,787
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85).....	1,089,279,479	0	0	1,089,279,479	XXX.....	248,273	XXX.....	115,819,352	XXX.....	116,206,991

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written.....	3,256,823	XXX	9,359	XXX		XXX		XXX		XXX	3,247,464	XXX		XXX		XXX		XXX
2. Premiums earned.....	3,209,170	XXX	9,192	XXX		XXX		XXX		XXX	3,199,978	XXX		XXX		XXX		XXX
3. Incurred claims.....	7,296,933	227.4	382	4.2	0	0.0	0	0.0	0	0.0	7,296,551	228.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	7,296,933	227.4	382	4.2	0	0.0	0	0.0	0	0.0	7,296,551	228.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves.....	1,271,929	39.6	13,455	146.4	0	0.0	0	0.0	0	0.0	1,258,474	39.3	0	0.0	0	0.0	0	0.0
7. Commissions (a).....	525,752	16.4	1,061	11.5		0.0		0.0		0.0	524,691	16.4		0.0		0.0		0.0
8. Other general insurance expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred.....	525,752	16.4	1,061	11.5	0	0.0	0	0.0	0	0.0	524,691	16.4	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds.....	(5,885,444)	(183.4)	(5,706)	(62.1)	0	0.0	0	0.0	0	0.0	(5,879,738)	(183.7)	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.....	(5,885,444)	(183.4)	(5,706)	(62.1)	0	0.0	0	0.0	0	0.0	(5,879,738)	(183.7)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above).	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	808,583	968				807,615			
2. Advance premiums.....	28,012					28,012			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	836,595	968	0	0	0	835,627	0	0	0
5. Total premium reserves, prior year.....	774,824	801				774,023			
6. Increase in total premium reserves.....	61,771	167	0	0	0	61,604	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	33,117,103	149,212				32,967,891			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	33,117,103	149,212	0	0	0	32,967,891	0	0	0
4. Total contract reserves, prior year.....	31,845,174	135,757				31,709,417			
5. Increase in contract reserves.....	1,271,929	13,455	0	0	0	1,258,474	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	10,881,166	1,286	0	0	0	10,879,880	0	0	0
2. Total prior year.....	6,598,349	904				6,597,445			
3. Increase.....	4,282,817	382	0	0	0	4,282,435	0	0	0

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PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	2,414,572					2,414,572			
1.2 On claims incurred during current year.....	599,544					599,544			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	5,210,907	35				5,210,872			
2.2 On claims incurred during current year.....	5,670,259	1,251				5,669,008			
3. Test:									
3.1 Lines 1.1 and 2.1.....	7,625,479	35	0	0	0	7,625,444	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	6,598,349	904				6,597,445			
3.3 Line 3.1 minus Line 3.2.....	1,027,130	(869)	0	0	0	1,027,999	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	3,256,823	9,359				3,247,464			
2. Premiums earned.....	3,209,170	9,192				3,199,978			
3. Incurred claims.....	7,296,933	383				7,296,550			
4. Commissions.....	525,752	1,061				524,691			
B. Reinsurance Ceded:									
1. Premiums written.....	6,460,487	82,142				6,376,804	1,541		
2. Premiums earned.....	6,492,210	81,975				6,408,683	1,552		
3. Incurred claims.....	5,786,254	3,587				5,782,667			
4. Commissions.....	281,616	9,600				272,016			

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

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SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred claims.....			5,786,255	5,786,255
2. Beginning claim reserves and liabilities.....			4,176,613	4,176,613
3. Ending claim reserves and liabilities.....			5,207,843	5,207,843
4. Claims paid.....	0	0	4,755,025	4,755,025
B. Assumed Reinsurance:				
5. Incurred claims.....			7,296,932	7,296,932
6. Beginning claim reserves and liabilities.....			6,598,349	6,598,349
7. Ending claim reserves and liabilities.....			10,881,165	10,881,165
8. Claims paid.....	0	0	3,014,116	3,014,116
C. Ceded Reinsurance:				
9. Incurred claims.....			5,786,255	5,786,255
10. Beginning claim reserves and liabilities.....			4,176,613	4,176,613
11. Ending claim reserves and liabilities.....			5,207,843	5,207,843
12. Claims paid.....	0	0	4,755,025	4,755,025
D. Net:				
13. Incurred claims.....	0	0	7,296,932	7,296,932
14. Beginning claim reserves and liabilities.....	0	0	6,598,349	6,598,349
15. Ending claim reserves and liabilities.....	0	0	10,881,165	10,881,165
16. Claims paid.....	0	0	3,014,116	3,014,116
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			7,296,932	7,296,932
18. Beginning reserves and liabilities.....			6,598,349	6,598,349
19. Ending reserves and liabilities.....			10,881,165	10,881,165
20. Paid claims and cost containment expenses.....	0	0	3,014,116	3,014,116

SCHEDULE S - PART 1 - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates												
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	CO/I.....	FA.....		317,514	.....	.....	.....	.....
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	CO/I.....	OL.....	3,836,009	1,491,806	274,137	71,726	.....	.....
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	CO/G.....	FA.....		1,821,568	35,991	.....	.....	.....
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/I.....	FA.....		106,147,302	19,879	1,480,977	.....	.....
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/I.....	OL.....	315,811,410	113,306,399	3,357,915	2,796,180	.....	.....
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	CO/I.....	FA.....		3,669,957	39,540	84,030	.....	.....
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	CO/I.....	OL.....	10,081,633	1,580,486	337,106	87,918	.....	.....
67903.....	23-1335885....	08/31/2012	Provident American Life & Health Insurance Company.....	OH.....	CO/I.....	OL.....	8,673,238	2,563,841	600,568	56,838	.....	.....
88366.....	59-2760189....	08/31/2012	American Retirement Life Insurance Company.....	OH.....	CO/I.....	OL.....	983,000	662,166	.....	.....3,000	.....	.....
65722.....	63-0343428....	01/01/2007	Loyal American Life Insurance Company.....	OH.....	CO/I.....	IA.....		24,469,015	86,157	172,236	.....	.....
62200.....	95-2496321....	06/30/2011	Accordia Life and Annuity Company.....	IA.....	CO/I.....	FA.....		3,185,043	43,300	23,435	.....	.....
62200.....	95-2496321....	06/30/2011	Accordia Life and Annuity Company.....	IA.....	CO/I.....	OL.....	2,839,209	2,896,962	.....	.....	.....	.....
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....						342,224,499	262,112,059	4,794,593	4,776,340	0	0
1099999.	Total - General Account - Non-Affiliates.....						342,224,499	262,112,059	4,794,593	4,776,340	0	0
1199999.	Total - General Account.....						342,224,499	262,112,059	4,794,593	4,776,340	0	0
2399999.	Total U.S.....						342,224,499	262,112,059	4,794,593	4,776,340	0	0
9999999.	Total.....						342,224,499	262,112,059	4,794,593	4,776,340	0	0

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SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
71404.....	47-0463747.....	10/31/2015	Continental General Insurance Company.....	TX.....	QA/I.....	LTC.....	3,247,464	807,615	43,402,389	445,381	.....	.....
71404.....	47-0463747.....	10/31/2015	Continental General Insurance Company.....	TX.....	QA/G.....	LTC.....	9,359	968	150,433	64	.....	.....
0899999	Total - Non-Affiliates - U.S. Non-Affiliates.....						3,256,823	808,583	43,552,822	445,445	0	0
1099999	Total - Non-Affiliates.....						3,256,823	808,583	43,552,822	445,445	0	0
1199999	Total - U.S.....						3,256,823	808,583	43,552,822	445,445	0	0
9999999	Total.....						3,256,823	808,583	43,552,822	445,445	0	0

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SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
68276.....	48-1024691....	01/01/1998	Employers Reassurance Corporation.....	KS.....	91,181	.....
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	114,654	62,500
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	70,124	62,500
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Co.....	CO.....	129,497	62,500
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America.....	MO.....	116,776	62,500
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Co.....	CO.....	722,400	3,804,775
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	35,000	50,000
87572.....	23-2038295....	01/01/2003	Scottish Re, Inc.....	CO.....	70,000	100,000
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Co.....	CO.....	35,000	50,000
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	140,000	200,000
87572.....	23-2038295....	06/01/1983	Scottish Re, Inc.....	CO.....	.....	.....15,000
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America, Inc.	MO.....	.....	.....70,000
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	246,387	94,982
88340.....	59-2859797....	08/31/2012	Hannover Life Reassurance Company of America.....	FL.....	.....	.....1,964,598
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	76,880	.....
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				1,847,899	6,599,355
1099999.	Total - Life and Annuity Non-Affiliates.....				1,847,899	6,599,355
1199999.	Total - Life and Annuity.....				1,847,899	6,599,355
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	.....	.....283,588
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health of America Inc.....	MO.....	.....	.....47,676
71404.....	47-0463747....	10/31/2015	Continental General Insurance Company.....	TX.....	.....	.....225,459
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				0	556,723
2199999.	Total - Accident and Health Non-Affiliates.....				0	556,723
2299999.	Total - Accident and Health.....				0	556,723
2399999.	Total U.S.....				1,847,899	7,156,078
9999999.	Total.....				1,847,899	7,156,078

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

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

1	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														
88099.....	75-1608507....	01/01/1982	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	50,000	910	1,923	775				
87572.....	23-2038295....	01/01/1983	Scottish Re (US) Inc.....	DE.....	CO/I.....	OL.....	2,310,750	56,695	55,942	11,264				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health America Inc.....	MO.....	OTH/I.....	OL.....				56				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health America Inc.....	MO.....	YRT/I.....	OL.....	147,750	7,262	13,337	14,543				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America Inc.....	MO.....	CO/I.....	OL.....	11,085,770	326,833	341,790	58,785				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America Inc.....	MO.....	OTH/I.....	OL.....		80,263	84,270					
64688.....	75-6020048....	01/01/1982	SCOR Global Life Americas Reinsurance Company.....	DE.....	MCO/I.....	OL.....	1,441,000	198	244	14,546			615,798	
68276.....	48-1024691....	01/01/1998	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	53,522,330	374,841	350,790	260,866				
86258.....	13-2572994....	07/01/1999	General Re Life Corporation.....	CT.....	CO/I.....	OL.....		62,620	69,097	22,107				
86258.....	13-2572994....	10/01/2003	General Re Life Corporation.....	CT.....	YRT/I.....	OL.....	166,836	230	212	3,305				
97071.....	13-3126819....	01/01/2000	SCOR Global Life USA Reinsurance Company.....	DE.....	CO/I.....	XXXL.....	3,320,000	105,908	118,292	8,632				
97071.....	13-3126819....	01/01/2008	SCOR Global Life USA Reinsurance Company.....	DE.....	CAT/I.....	OL.....				16,293				
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	100,255,354	1,040,115	1,147,877	405,808				
88340.....	59-2859797....	01/01/2000	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	XXXL.....	8,462,500	1,026,848	1,157,966	48,792				
88340.....	59-2859797....	12/31/2002	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	636,397,443	58,217,763	58,132,680	4,444,068				
88340.....	59-2859797....	10/01/2003	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	30,675,483	19,034	19,154	166,969				
88340.....	59-2859797....	07/01/2008	Hannover Life Reassurance Company of America.....	FL.....	COMB/I.....	XXXL.....	905,074,000	14,856,000	16,175,000	4,581,887			15,463,131	
88340.....	59-2859797....	12/31/2018	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	IA.....		645,894,026						
88099.....	75-1608507....	11/09/2004	Optimum Re Insurance Company.....	TX.....	YRT/i.....	OL.....	881,031	616	555	8,687				
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	93,946,376	1,260,479	1,347,087	415,495				
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	CO/I.....	XXXL.....	137,255,338	4,337,931	4,520,757	193,979				
93572.....	43-1235868....	10/01/2003	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	1,902,179	2,653	3,525	34,224				
87572.....	23-2038295....	01/01/2003	Scottish Re US Inc.....	DE.....	CO/I.....	XXXL.....	266,566,793	8,586,679	8,948,169	378,401				
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	50,611,197	43,343	40,900	376,636				
68713.....	84-0499703....	01/01/1999	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	OL.....	273,001,861	4,726,241	6,552,464	884,349				
68713.....	84-0499703....	04/01/1999	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	OL.....	5,496,528	46,407	46,722	31,638				
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	XXXL.....	3,378,881,244	133,781,851	146,397,087	7,718,390				
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	XXXL.....	136,260,616	4,325,769	4,507,056	241,471				
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health America Inc.....	MO.....	CO/I.....	OL.....	75,596,376	907,224	996,335	315,075				
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health America Inc.....	MO.....	YRT/I.....	OL.....	19,360,879	14,508	15,132	111,775				
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	CO/I.....	XXXL.....	534,034,542	17,184,488	17,907,991	757,959				
64688.....	75-6020048....	10/01/2003	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,297,289	1,615	1,522	21,079				
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/I.....	FA.....		2,897,534	3,202,311					
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/G.....	FA.....		1,870,011	1,942,713					
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/I.....	OL.....	14,756,270	10,940,722	11,653,142					
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/G.....	OL.....	14,923,166	11,160,814	11,974,448	(11,316)				
66346.....	58-0828824....	01/01/2006	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....				33,808				

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
88340.....	59-2859797....	08/31/2012	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	223,789,915	94,139,102	97,718,499	2,689,739	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						6,981,470,816	1,018,297,533	395,444,989	24,260,085	0	0	16,078,929	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						6,981,470,816	1,018,297,533	395,444,989	24,260,085	0	0	16,078,929	0
1199999.	Total - General Account - Authorized.....						6,981,470,816	1,018,297,533	395,444,989	24,260,085	0	0	16,078,929	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						6,981,470,816	1,018,297,533	395,444,989	24,260,085	0	0	16,078,929	0
6999999.	Total U.S.....						6,981,470,816	1,018,297,533	395,444,989	24,260,085	0	0	16,078,929	0
9999999.	Total.....						6,981,470,816	1,018,297,533	395,444,989	24,260,085	0	0	16,078,929	0

Annual Statement for the year 2018 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
71404.....	47-0463747....	.12/31/2009	Continental General Insurance Company.....	TX.....	QA/I.....	LTC.....	2,561,786	717,798	38,199,877	.....	.....	.....	.....
71404.....	47-0463747....	.12/31/2009	Continental General Insurance Company.....	TX.....	QA/G.....	LTC.....	82,142	6,622	3,303,010	.....	.....	.....	.....
65722.....	63-0343428....	.08/31/2012	Loyal American Life Insurance Company.....	OH.....	OTH/I.....	A.....	1,207	332	5,975	.....	.....	.....	.....
65722.....	63-0343428....	.08/31/2012	Loyal American Life Insurance Company.....	OH.....	OTH/I.....	LTDI.....	4,868	1,890	49,610	.....	.....	.....	.....
65722.....	63-0343428....	.08/31/2012	Loyal American Life Insurance Company.....	OH.....	OTH/I.....	MS.....	3,808,472	141,175	907,207	.....	.....	.....	.....
65722.....	63-0343428....	.08/31/2012	Loyal American Life Insurance Company.....	OH.....	OTH/I.....	OM.....	2,012	569	21,935	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						6,460,487	868,386	42,487,614	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						6,460,487	868,386	42,487,614	0	0	0	0
1199999.	Total - General Account - Authorized.....						6,460,487	868,386	42,487,614	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						6,460,487	868,386	42,487,614	0	0	0	0
6999999.	Total - U.S.....						6,460,487	868,386	42,487,614	0	0	0	0
9999999.	Total.....						6,460,487	868,386	42,487,614	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	30,721	32,653	36,525	40,375	43,163
2. Commissions and reinsurance expense allowances.....	(504,084)	6,404	6,480	7,356	7,735
3. Contract claims.....	46,219	38,791	41,151	54,198	48,090
4. Surrender benefits and withdrawals for life contracts.....	5,242	4,918	4,854	5,125	7,155
5. Dividends to policyholders.....	205	213	219	230	238
6. Reserve adjustments on reinsurance ceded.....	(2,815)	(2,212)	(1,853)	(2,329)	(1,145)
7. Increase in aggregate reserves for life and accident and health contracts.....	625,707	(16,956)	(13,955)	(13,782)	(6,717)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	13	16	23	21	25
9. Aggregate reserves for life and accident and health contracts.....	1,061,574	435,868	452,813	466,858	480,640
10. Liability for deposit-type contracts.....	80	79	91	95	107
11. Contract claims unpaid.....	7,156	6,154	8,783	11,142	9,032
12. Amounts recoverable on reinsurance.....	1,848	2,599	1,954	3,824	2,169
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	35,003,875,419	17,444,157	35,021,319,576
2. Reinsurance (Line 16).....	8,030,484	(3,826,870)	4,203,614
3. Premiums and considerations (Line 15).....	9,650,395	13,150	9,663,545
4. Net credit for ceded reinsurance.....	XXX	1,051,876,041	1,051,876,041
5. All other admitted assets (balance).....	780,395,364		780,395,364
6. Total assets excluding Separate Accounts (Line 26).....	35,801,951,662	1,065,506,478	36,867,458,140
7. Separate Account assets (Line 27).....	413,973		413,973
8. Total assets (Line 28).....	35,802,365,635	1,065,506,478	36,867,872,113
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	30,718,220,971	1,061,574,004	31,779,794,975
10. Liability for deposit-type contracts (Line 3).....	1,508,812,186	79,531	1,508,891,717
11. Claim reserves (Line 4).....	150,520,760	7,156,078	157,676,838
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	465,133	43,677	508,810
14. Other contract liabilities (Line 9).....	35,480,878	(3,346,812)	32,134,066
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).....	687,059,263		687,059,263
20. Total liabilities excluding Separate Accounts (Line 26).....	33,100,559,191	1,065,506,478	34,166,065,669
21. Separate Account liabilities (Line 27).....	413,973		413,973
22. Total liabilities (Line 28).....	33,100,973,164	1,065,506,478	34,166,479,642
23. Capital & surplus (Line 38).....	2,701,392,471	XXX	2,701,392,471
24. Total liabilities, capital & surplus (Line 39).....	35,802,365,635	1,065,506,478	36,867,872,113
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	1,061,574,004		
26. Claim reserves.....	7,156,078		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	43,677		
29. Liability for deposit-type contracts.....	79,531		
30. Other contract liabilities.....	(3,346,812)		
31. Reinsurance ceded assets.....	3,826,870		
32. Other ceded reinsurance recoverables.....	(17,444,157)		
33. Total ceded reinsurance recoverables.....	1,051,889,191		
34. Premiums and considerations.....	13,150		
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.....	13,150		
41. Total net credit for ceded reinsurance.....	1,051,876,041		

Annual Statement for the year 2018 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

States, Etc.		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama.....AL	345,857	116,596,534		13,751	116,956,142
2.	Alaska.....AK	19,893	2,137,734			2,258,274
3.	Arizona.....AZ	692,447	112,168,983		11,985	112,873,414
4.	Arkansas.....AR	223,034	22,726,662		4,768	23,064,696
5.	California.....CA	7,160,520	495,161,690	345	3,870	502,423,451
6.	Colorado.....CO	387,075	59,286,705		93,155	59,860,608
7.	Connecticut.....CT	517,550	98,339,876	82	3,986	98,915,717
8.	Delaware.....DE	87,892	21,294,254			21,382,146
9.	District of Columbia.....DC	41,090	4,198,458			4,239,548
10.	Florida.....FL	2,762,474	431,631,240	164	42,322	434,822,993
11.	Georgia.....GA	1,273,152	126,601,237		77,827	128,024,969
12.	Hawaii.....HI	317,076	49,904,538			50,391,396
13.	Idaho.....ID	138,255	24,190,982		21	24,329,258
14.	Illinois.....IL	1,321,745	157,749,666		75,725	159,260,780
15.	Indiana.....IN	336,587	193,267,993			193,666,886
16.	Iowa.....IA	179,833	52,477,358		3,753	52,767,499
17.	Kansas.....KS	223,602	25,232,204		58,302	25,914,076
18.	Kentucky.....KY	278,436	75,671,536		1,731	76,371,914
19.	Louisiana.....LA	342,694	128,728,749			129,071,443
20.	Maine.....ME	138,875	21,812,711		5,289	22,115,152
21.	Maryland.....MD	937,020	83,517,533			84,545,496
22.	Massachusetts.....MA	725,384	74,852,004		929	77,449,454
23.	Michigan.....MI	383,376	238,121,979			238,607,415
24.	Minnesota.....MN	583,532	115,490,248		3,842	116,543,301
25.	Mississippi.....MS	220,016	41,180,027		1,899	41,507,989
26.	Missouri.....MO	496,255	227,358,566		90,399	228,585,814
27.	Montana.....MT	22,621	2,523,341		6,987	2,552,949
28.	Nebraska.....NE	205,930	16,074,420		42,914	16,323,263
29.	Nevada.....NV	429,536	28,217,616	268		28,647,420
30.	New Hampshire.....NH	95,586	34,561,113		63,970	35,361,475
31.	New Jersey.....NJ	1,033,887	179,398,034	431	6,427	181,120,504
32.	New Mexico.....NM	275,266	21,906,843			22,182,109
33.	New York.....NY	270,534	22,387,072		3,972	22,661,578
34.	North Carolina.....NC	1,387,799	224,544,276		1,149,514	227,391,951
35.	North Dakota.....ND	59,814	11,029,496			11,285,810
36.	Ohio.....OH	903,940	252,500,794	38	2,574	254,644,089
37.	Oklahoma.....OK	710,677	16,681,289		2,412	17,693,858
38.	Oregon.....OR	172,697	44,287,649		67,457	44,527,803
39.	Pennsylvania.....PA	1,544,279	304,810,437		6,094	307,453,690
40.	Rhode Island.....RI	88,465	21,946,611		5,671	22,040,747
41.	South Carolina.....SC	583,930	127,380,512		6,324	128,179,742
42.	South Dakota.....SD	62,658	10,004,146			10,066,804
43.	Tennessee.....TN	648,408	176,862,136		91,478	177,826,483
44.	Texas.....TX	3,746,541	250,740,444		10,845	254,813,462
45.	Utah.....UT	169,425	80,303,854			81,608,253
46.	Vermont.....VT	45,342	13,683,720		18,900	13,747,962
47.	Virginia.....VA	1,393,605	85,378,570	45	158,069	87,014,885
48.	Washington.....WA	596,857	131,776,575	104	195,033	134,143,679
49.	West Virginia.....WV	133,639	35,281,485			35,463,338
50.	Wisconsin.....WI	342,879	98,883,799		174,212	99,634,050
51.	Wyoming.....WY	33,618	6,377,333			6,410,951
52.	American Samoa.....AS					0
53.	Guam.....GU	113,413				113,413
54.	Puerto Rico.....PR	1,096	1,028			2,123
55.	US Virgin Islands.....VI	4,070				4,070
56.	Northern Mariana Islands.....MP					0
57.	Canada.....CAN	1,882				1,882
58.	Aggregate Other Alien.....OT	76,092	72,373			148,465
59.	Totals.....	35,288,158	5,197,314,431	1,477	2,506,407	5,249,016,641

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
52	Members														
			31-1544320		0001042046	NYSE	American Financial Group, Inc.	OH	UIP		Ownership			N	
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			31-0996797				American Financial Enterprises, Inc.	CT	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.	N	
			27-2829629				Mid-Market Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.	N	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			23-6000765				American Premier Underwriters, Inc.	PA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	N	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			46-1665396				Pennsylvania Lehigh Oil & Gas Holdings LLC	PA	NIA	Lehigh Valley Railroad Company	Ownership	100.000	American Financial Group, Inc.	N	
			20-1548213				Magnolia Alabama Holdings, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			46-1852532				Michigan Oil & Gas Holdings, LLC	MI	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			46-1480078				Ohio Oil & Gas Holdings, LLC	OH	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			13-6021353				The Owasco River Railway, Inc.	NY	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			76-0080537				PCC Technical Industries, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			23-1537928				Penn Towers, Inc.	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			46-3246684				Pennsylvania Oil & Gas Holdings, LLC	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc.	Ownership	66.670	American Financial Group, Inc.	N	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	83.000	American Financial Group, Inc.	N	
			98-1073776				GAI Insurance Company, Ltd.	BMU	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	N	
							Great American Specialty & Affinity Limited	GBR	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	N	
			31-1446308				Hangar Acquisition Corp.	OH	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	N	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	N	
			91-1508644				Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	N	
			31-1262960				Risiko Management Corporation	DE	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	N	
			31-0823725				Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			98-0606803				GAI Holding Bermuda Ltd.	BMU	NIA	American Financial Group, Inc.	Ownership	69.990	American Financial Group, Inc.	N	2
			98-0606803				GAI Holding Bermuda Ltd.	BMU	NIA	GAI Australia Pty Ltd.	Ownership	30.010	American Financial Group, Inc.	N	2
			98-0556144				GAI Indemnity, Ltd.	GBR	IA	GAI Holding Bermuda Ltd.	Ownership	100.000	American Financial Group, Inc.	N	
							Neon Capital Limited	GBR	NIA	GAI Holding Bermuda Ltd.	Ownership	100.000	American Financial Group, Inc.	N	
							NCM Holdings (U.K.) Limited	GBR	NIA	Neon Capital Limited	Ownership	100.000	American Financial Group, Inc.	N	
							Neon Capital Managers	GBR	NIA	NCM Holdings (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.	N	
							Neon Holdings (U.K.) Limited	GBR	NIA	Neon Capital Limited	Ownership	100.000	American Financial Group, Inc.	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*			
0084	American Financial Group, Inc.	63312	13-1935920				Beat Capital Partners Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	19.150	American Financial Group, Inc.	N.....				
							Beat Services Limited.....	GBR.....	NIA.....	Beat Capital Partners Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Chord Reinsurance Limited.....	GBR.....	NIA.....	Beat Capital Partners Limited.....	Ownership.....	60.000	American Financial Group, Inc.	N.....				
							Tarian Underwriting Limited.....	GBR.....	NIA.....	Beat Capital Partners Limited.....	Ownership.....	60.000	American Financial Group, Inc.	N.....				
							Lavenham Underwriting Limited.....	GBR.....	IA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Neon Italy S.R.L.....	ITA.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	60.000	American Financial Group, Inc.	N.....				
							Neon Management Services Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Neon Sapphire Underwriting Limited.....	GGY.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Neon Service Company (U.K.) Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Studio Marketform SRL.....	ITA.....	NIA.....	Neon Service Company (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Neon Underwriting Bermuda Limited.....	BMU.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Neon Underwriting Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Orca Insurance Agency A/S.....	DNK.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	89.425	American Financial Group, Inc.	N.....				
			98-0431601				Sampford Underwriting Limited.....	GBR.....	IA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Xenon Agency Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Helium Holdings Limited.....	BMU.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....	5..			
							Neon Employee Ownership LLC.....	DE.....	NIA.....	Helium Holdings Limited.....	Ownership.....	23.350	.....	N.....	5..			
							GAI Australia Pty Ltd.....	AUS.....	NIA.....	Neon Employee Ownership LLC.....	Ownership.....	100.000	American Financial Group, Inc.	N.....	5..			
							Great American Financial Resources, Inc.....	DE.....	UDP.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....	1..			
							AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
			31-1021738				Great American Life Insurance Company.....	OH.....	RE.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Annuity Investors Life Insurance Company.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	85.000	American Financial Group, Inc.	N.....				
							Bay Bridge Marina Management.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	85.000	American Financial Group, Inc.	N.....				
							Brothers Management, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Charleston Harbor Fishing, LLC.....	SC.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							GA Key Lime, LLC.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	50.000	American Financial Group, Inc.	N.....	2..			
							GA Key Lime, LLC.....	OH.....	DS.....	Great American Insurance Company.....	Ownership.....	50.000	American Financial Group, Inc.	N.....	2..			
							GALIC - Bay Bridge Marina, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							GALIC Brothers, Inc.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				
							Manhattan National Holding Corporation.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	Y.....				
0084	American Financial Group, Inc.	67083	45-0252531				Manhattan National Life Insurance Company.....	OH.....	DS.....	Manhattan National Holding Corporation.....	Ownership.....	100.000	American Financial Group, Inc.	N.....				

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
52.2			52-2179330				Skipjack Marina Corp.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			42-1575938				Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			80-0333563				ABA Insurance Services, Inc.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			27-3062314				Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
							Great American Holding (Europe) Limited.....	GBR.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
							Great American Europe Limited.....	GBR.....	NIA.....	Great Amerian Holding (Europe) Limited.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			AA-1784136				Great American International Insurance Designated Activity Company..	IRL.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	23418...	73-0556513			Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	15380...	73-1406844			Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	13794...	38-3803661			Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			30-0571535				Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	23426...	73-0773259			Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			34-1607394				National Interstate Corporation.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			34-1899058				American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-1548235				Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			98-0191335				Hudson Indemnity, Ltd.....	CYM.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			66-0660039				Hudson Management Group, Ltd.....	VIR.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			34-1607396				National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			36-4670968				Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	.....	American Financial Group, Inc.	N.....	4..
	0084	American Financial Group, Inc.	32620...	34-1607395			National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	11051...	99-0345306			National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			43-1254631				TransProtection Service Company.....	MO.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	Y.....	
	0084	American Financial Group, Inc.	41106...	95-3623282			Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	21172...	86-0114294			Vanliner Insurance Company.....	MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	Y.....	
			20-5546054				Safety Claims & Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			46-4570914				Safety, Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	22179...	95-2801326			Republic Indemnity Company of America.....	CA.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	43753...	31-1054123			Republic Indemnity Company of California.....	CA.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			59-1683711				Summit Consulting, LLC.....	FL.....	NIA.....	Great American Holding, Inc.	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			59-3385208				Heritage Summit Healthcare, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			82-2462705				Summit Real Estate Holdings, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			59-3409855				Summit Holding Southeast, Inc.....	FL.....	NIA.....	Great American Holding, Inc.	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	10701...	59-1835212			Bridgefield Employers Insurance Company.....	FL.....	IA.....	Summit Holding Southeast, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	10335...	59-3269531			Bridgefield Casualty Insurance Company.....	FL.....	IA.....	Bridgefield Employers Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	16691...	31-0501234			Great American Insurance Company.....	OH.....	UDP.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
	0084	American Financial Group, Inc.	37990...	31-0973761			American Empire Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0084	American Financial Group, Inc.	35351...	59-1671722				American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-0912199				American Empire Surplus Lines Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-1463075				American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			59-2840291				Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	Y.....	
			25-1754638				Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			59-2840294				Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-1277904				Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-0589001				Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-1341668				Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
							El Aguila, Compañía de Seguros, S.A. de C.V.....	MEX.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	Y.....	
			39-1404033				Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			13-3628555				FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
							Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management.....	.....	American Financial Group, Inc.	N.....	3...
			81-0814136				GAI Mexico Holdings, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-1753938				GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	Y.....	
			31-1765544				GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			61-1329718				Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			74-2693636				Great American Agency of Texas, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			26832...				Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			26344...				Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			39896...				Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			10646...				Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			37532...				Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			41858...				Great American Fidelity Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-1652643				Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			22136...				Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-1073664				Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-0856644				Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			38580...				Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31-0918893				Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			31135...				Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			33723...				Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			83-1694393				Great American Underwriters Insurance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			AA-1120817				Insurance (GB) Limited.....	GBR.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			59-1263251				Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.	N.....	
			871850814				PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	...49.000	American Financial Group, Inc.	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

Aster	Explanation
1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association.
4	Company is affiliated but not owned.
5	The entity is owned by more than one company within the AFG Group. American Financial Group, Inc. effectively owns 77% of GAI Holding Bermuda Ltd. ; the senior management of Neon Capital Limited, through their ownership of Neon Employee Ownershp LLC,
	owns the remaining 23% of GAI Holding Bermuda Ltd. through their ownership of GAI Australia Pty Ltd.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	31-1544320.....	American Financial Group, Inc.....	30,000,000	.....	.....	.....	.....201,706,628	.....	.....	.....	.....231,706,628	.....
00000.....	98-1073776.....	GAI Insurance Company, Ltd.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	(4,346,000)
00000.....		Lloyd's Syndicate 2468.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	(505,000)
00000.....	06-1356481.....	Great American Financial Resources, Inc.....	60,000,000	.....	.....	.....	.....	.....	.....	.....	.....60,000,000	.....
63312.....	13-1935920.....	Great American Life Insurance Company.....	(60,000,000)	100,000	.....	.....	.....(131,487,964)	.....	.....	.....	.....(191,387,964)	.....
00000.....	47-5618395.....	GA Key Lime, LLC.....	.....	.....(100,000)	.....	.....	.....	.....	.....	.....	.....(100,000)	.....
00000.....	42-1575938.....	Great American Holding, Inc.....	5,000,000	185,000,000	.....	.....	.....	.....	.....	.....	.....190,000,000	.....
00000.....		Great American International Insurance Designated Activity Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	35,389,000
23418.....	73-0556513.....	Mid-Continent Casualty Company.....	(5,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(5,000,000)	(10,904,000)
00000.....	34-1607394.....	National Interstate Corporation.....	95,000,000	.....	.....	.....	.....	.....	.....	.....	.....95,000,000	.....
00000.....	98-0191335.....	Hudson Indemnity, Ltd.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	(305,368,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....	(78,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(78,000,000)	229,115,000
11051.....	99-0345306.....	National Interstate Insurance Company of Hawaii, Inc.....	(1,200,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,200,000)	13,010,000
00000.....	43-1254631.....	TransProtection Service Company.....	(500,000)	.....	.....	.....	.....	.....	.....	.....	.....(500,000)	.....
41106.....	95-3623282.....	Triumphe Casualty Company.....	(1,900,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,900,000)	13,436,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	(13,400,000)	.....	.....	.....	.....	.....	.....*	.....	.....(13,400,000)	51,328,000
22179.....	95-2801326.....	Republic Indemnity Company of America.....	.....	.....(185,000,000)	.....	.....	.....	.....	.....*	.....	.....(185,000,000)	(49,596,000)
00000.....	59-3409855.....	Summit Holding Southeast, Inc.....	11,000,000	.....	.....	.....	.....	.....	.....	.....	.....11,000,000	.....
10701.....	59-1835212.....	Bridgefield Employers Insurance Company.....	(11,000,000)	(5,000,000)	.....	.....	.....	.....	.....*	.....	.....(16,000,000)	.....
10335.....	59-3269531.....	Bridgefield Casualty Insurance Company.....	.....	.....5,000,000	.....	.....	.....	.....	.....*	.....	.....5,000,000	(2,056,000)
16691.....	31-0501234.....	Great American Insurance Company.....	(23,000,000)	(20,858,100)	.....	.....	.....(70,218,664)	.....	.....*	.....	.....(114,076,764)	28,638,000
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....	.....	.....(40,000,000)	.....	.....	.....	.....	.....*	.....	.....(40,000,000)	.....
00000.....	31-0589001.....	Dempsey & Siders Agency, Inc.....	.....	.....200,000	.....	.....	.....	.....	.....	.....	.....200,000	.....
00000.....	31-1765544.....	GAI Warranty Company of Florida.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	702,000
00000.....	61-1329718.....	Global Premier Finance Company.....	(1,600,000)	.....	.....	.....	.....	.....	.....	.....	.....(1,600,000)	.....
00000.....	31-1652643.....	Great American Insurance Agency, Inc.....	(400,000)	.....	.....	.....	.....	.....	.....	.....	.....(400,000)	.....
22136.....	13-5539046.....	Great American Insurance Company of New York.....	.....	.....50,000,000	.....	.....	.....	.....	.....*	.....	.....50,000,000	.....
00000.....	83-1694393.....	Great American Underwriters Insurance Company.....	.....	.....10,000,000	.....	.....	.....	.....	.....	.....	.....10,000,000	.....
00000.....		Insurance (GB) Limited.....	.....	.....658,100	.....	.....	.....	.....	.....	.....	.....658,100	.....
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	(5,000,000)	.....	.....	.....	.....	.....	.....	.....	.....(5,000,000)	.....
9999999.....	Control Totals.....	.....	.....0	0	0	0	0	0	XXX	0	0	(1,157,000)

SCHEDULE Y

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

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

Pooling Information

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

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
46.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
48.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
50.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
51.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
52.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

AUGUST FILING

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

YES

EXPLANATIONS:

BAR CODE:

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

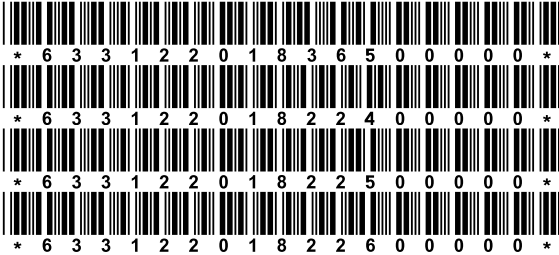
Annual Statement for the year 2018 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.

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



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



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



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



40.

41.

42.

43.

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



45.

46.

47.

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



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



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



51.

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



53.

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Accrued contractual fee income.....	33,779,857		33,779,857	31,327,304
2505. Inventory and prepaid assets on real estate holdings.....	4,066,473	4,066,473	0	
2506. Accounts receivable.....	319,881	319,881	0	68,542
2597. Summary of remaining write-ins for Line 25.....	38,166,211	4,386,354	33,779,857	31,395,846

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31 Prior Year
2504. Unfunded commitment fee liability.....	164,028	893,267
2597. Summary of remaining write-ins for Line 25.....	164,028	893,267

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
08.304	Miscellaneous income.....	24,814	26,192
08.397	Summary of remaining write-ins for Line 8.3.....	24,814	26,192

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
08.304. Miscellaneous income.....	24,814			24,814								
08.397. Summary of remaining write-ins for Line 8.3.....	24,814	0	0	24,814	0	0	0	0	0	0	0	0

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Alabama



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	.03/11/2004.....	.....	.....	.05/31/2010.....	MEDICARE SUPPLEMENT.....	40,494.....	21,673.....	53.5.....	11.....	.....	.....	.....0.0.....	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.03/11/2004.....	.....	.....	.05/31/2010.....	MEDICARE SUPPLEMENT.....	22,651.....	13,222.....	58.4.....	6.....	.....	.....	.....0.0.....	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.03/11/2004.....	.....	.....	.05/31/2010.....	MEDICARE SUPPLEMENT.....	26,678.....	9,348.....	35.0.....	7.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									89,823.....	44,243.....	49.3.....	24.....	0.....	0.....	0.0.....	0.....

360.AL

GENERAL INTERROGATORIES

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Colorado



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	12/24/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	15,746	3,850	24.5	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									15,746	3,850	24.5	4	0	0	0.0	0

360.CO

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Florida

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPC0001.....	C.....	NO...	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	13,935	12,403	89.0	4	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO...	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	138,782	116,602	84.0	53	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	142,121	91,857	64.6	45	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	76,109	58,616	77.0	26	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									370,947	279,478	75.3	128	0	0	0.0	0

360.FL

GENERAL INTERROGATORIES

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

XXX

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

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

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

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

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

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Georgia

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO...	...34060.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,170	5,327	168.0	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,219	4,253	68.4	1	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	9,540	1,870	19.6	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									18,929	11,450	60.5	4	0	0	0.0	0

360.GA

GENERAL INTERROGATORIES

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

XXX

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

11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number.....

David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....

11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number.....

David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Iowa

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.02/24/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	204,255	163,637	80.1	54	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.02/24/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,509	1,140	17.5	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									210,764	164,777	78.2	56	0	0	0.0	0

360.IA

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Illinois

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.02/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	64,809	37,489	57.8	15	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.02/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,926	665	22.7	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									67,735	38,154	56.3	16	0	0	0.0	0

360.I.L

GENERAL INTERROGATORIES

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

XXX

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Indiana

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO...	...34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	68,218	71,489	104.8	22	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	136,481	96,344	70.6	39	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	27,889	11,707	42.0	10	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									232,588	179,540	77.2	71	0	0	0.0	0

360.IN

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Kansas

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO...	...34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,153	39,257	323.0	3	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	107,310	95,314	88.8	26	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	59,103	72,599	122.8	17	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									178,566	207,170	116.0	46	0	0	0.0	0

360.KS

GENERAL INTERROGATORIES

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

XXX

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Kentucky



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPB0001.....	B.....	NO...	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,446	1,048	23.6	1	.....	.....	.....0.0	.....
.....YES.....	1MSPC0001.....	C.....	NO...	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,928	18,251	464.6	1	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO...	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	25,558	33,281	130.2	5	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	347,225	316,809	91.2	82	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	41,860	31,584	75.5	11	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									423,017	400,973	94.8	100	0	0	0.0	0

360.KY

GENERAL INTERROGATORIES

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

XXX

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

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

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

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

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

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Michigan

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.10/04/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,884	3,797	77.7	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									4,884	3,797	77.7	1	0	0	0.0	0

360.MI

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Missouri



NAIC Group Code.....0084

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

Person Completing This Exhibit.....

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	34060	10/22/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	112,799	55,544	49.2	28	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34060	10/22/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	13,531	6,231	46.0	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									126,330	61,775	48.9	32	0	0	0.0	0

360.MO

GENERAL INTERROGATORIES

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,948	77	2.6	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									2,948	77	2.6	1	0	0	0.0	0

360.MS

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPC0001.....	C.....	NO...	...34000.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,658	10,753	124.2	2	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO...	...34000.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,260	1,138	26.7	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	321,681	216,049	67.2	73	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	83,368	46,453	55.7	20	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									417,967	274,393	65.6	96	0	0	0.0	0

360.NC

GENERAL INTERROGATORIES

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

XXX

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Nebraska



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	52,098	31,351	60.2	13	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	9,076	1,657	18.3	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									61,174	33,008	54.0	16	0	0	0.0	0

360.NE

GENERAL INTERROGATORIES

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

XXX

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....New Hampshire

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO...	...34060.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,277	69	2.1	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	9,663	3,683	38.1	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									12,940	3,752	29.0	3	0	0	0.0	0

360.NH

GENERAL INTERROGATORIES

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

XXX

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

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

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

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

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

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Nevada



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.09/26/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,861	334	6.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									4,861	334	6.9	1	0	0	0.0	0

360.NV

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Ohio



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPC0001.....	C.....	NO...	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,323	1,201	22.6	1	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO...	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	22,763	5,085	22.3	5	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	35,778	19,548	54.6	9	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,643	5,210	41.2	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									76,507	31,044	40.6	18	0	0	0.0	0

360.OH

GENERAL INTERROGATORIES

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

XXX

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

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

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

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

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

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Oklahoma



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	143,593	193,631	134.8	35	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	33,361	13,967	41.9	9	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									176,954	207,598	117.3	44	0	0	0.0	0

360.OK

GENERAL INTERROGATORIES

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Oregon

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.01/09/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	18,470	17,143	92.8	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									18,470	17,143	92.8	5	0	0	0.0	0

360.0R

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO...	...34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,821	4,868	71.4	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	21,169	14,401	68.0	7	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,614	3,454	61.5	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									33,604	22,723	67.6	9	0	0	0.0	0

360.PA

GENERAL INTERROGATORIES

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

XXX

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 787172.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 787173.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	.02/18/2004.....	.....	.....	.05/31/2010.....	MEDICARE SUPPLEMENT.....	10,081.....	5,647.....	56.0.....	2.....	.....	.....	.....0.0.....	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.02/18/2004.....	.....	.....	.05/31/2010.....	MEDICARE SUPPLEMENT.....	202,127.....	94,104.....	46.6.....	49.....	.....	.....	.....0.0.....	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.02/18/2004.....	.....	.....	.05/31/2010.....	MEDICARE SUPPLEMENT.....	288,741.....	154,228.....	53.4.....	77.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									500,949.....	253,979.....	50.7.....	128.....	0.....	0.....	0.0.....	0.....

360.SC

GENERAL INTERROGATORIES

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

XXX

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 787172.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 787173.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Tennessee



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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34060.....	.02/13/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	220,346	177,537	80.6	46	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34060.....	.02/13/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	62,798	72,710	115.8	16	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									283,144	250,247	88.4	62	0	0	0.0	0

360.TN

GENERAL INTERROGATORIES

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Texas

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPA0001.....	A.....	NO...	...34060.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	9,219	5,679	61.6	3	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	158,452	133,476	84.2	37	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	54,698	52,362	95.7	13	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									222,369	191,517	86.1	53	0	0	0.0	0

360.TX

GENERAL INTERROGATORIES

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Utah

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	32,431	18,649	57.5	9	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	30,339	10,297	33.9	9	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									62,770	28,946	46.1	18	0	0	0.0	0

360.UT

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Virginia

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	36,309	23,466	64.6	8	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO...	...34000.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	32,257	17,988	55.8	7	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									68,566	41,454	60.5	15	0	0	0.0	0

360.VA

GENERAL INTERROGATORIES

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

XXX

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....Wisconsin

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

NAIC Company Code.....63312

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



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSP-WI.....	O.....	NO...	...34060.....	.03/30/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	141,299	139,153	98.5	40	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									141,299	139,153	98.5	40	0	0	0.0	0

360.WI

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia

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

NAIC Company Code.....63312

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017 & 2018				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO...	...34000.....	.10/29/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,857	4,387	49.5	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									8,857	4,387	49.5	2	0	0	0.0	0

360.WV

GENERAL INTERROGATORIES

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

XXX

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

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX

VM-20 RESERVES SUPPLEMENT - PART 1

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

For the Year Ended December, 31, 2018

(To Be Filed by March 1)

NAIC Group Code: 0084

(\$000 Omitted Except for Number of Policies)

NAIC Company Code: 63312

[illegible]

DETAILS OF WRITE-INS

[illegible]

Supplement for the year 2018 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
VM-20 RESERVES SUPPLEMENT - PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three Year Transition Period
For the Year Ended December 31, 2018
(To Be filed by March 1)
(\$000 Omitted Except for Number of Policies)

Three Transition Period						
	Prior Year		Current Year			
	1	2	3	4	5	6
	Gross Reserve	Net Reserve	Gross Reserve	Net Reserve	Number of Policies	Face Amount
1. Life Insurance Reserves						
1.1 Term Life.....						
1.2 Universal Life with Secondary Guarantee.....						
1.3 Non-participating Whole Life.....	8	6	50	41	80	2,144
1.4 Participating Whole Life.....						
1.5 Universal Life without Secondary Guarantee.....						
1.6 Variable Universal Life.....						
1.7 Variable Life.....						
1.8 Indexed Life.....						
1.9 Aggregate write-ins for other products.....	0	0	0	0	0	0
2. Total Life Insurance Reserves						
(Sum of Lines 1.1 through 1.9).....	8	6	50	41	80	2,144
DETAILS OF WRITE-INS						
1.901						
1.902						
1.903						
1.998 Summary of remaining write-ins for Line 1.9 from overflow page.....	0	0	0	0	0	0
1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above).....	0	0	0	0	0	0

VM-20 RESERVES SUPPLEMENT - PART 3

Life PBR Exemption
For the Year Ended December 31, 2018
(To be Filed by March 1)

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

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

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

2.1 NAIC Adopted VM []

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

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

Yes [] No []

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

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

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

Yes [] No []

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

VM-20 RESERVES SUPPLEMENT - PART 4

Other Exclusions from Life PBR
For the Year Ended December 31, 2018
(To be Filed by March 1)

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

Yes [] No [X]

If the answer to question 1 is "Yes" please discuss any business not covered under the Single Exemption.
2. If the answer to question 1 is "Yes", does the company have risks for policies issued outside its state of domicile?

Yes [] No []

If the answer to question 2 is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
3. Is all of the company's individual life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?

Yes [X] No []



SCHEDULE O SUPPLEMENT

For the year ended December 31, 2018
(To Be Filed March 1)

Of The.....GREAT AMERICAN LIFE INSURANCE COMPANY

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

NAIC Group Code.....0084

NAIC Company Code.....63312

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2014	2 2015	3 2016	4 2017	5 2018 (a)
1. Prior.....		NONE			
2. 2014.....					
3. 2015.....	XXX				
4. 2016.....	XXX	XXX			
5. 2017.....	XXX	XXX	XXX		
6. 2018.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....		139	847	1,342	1,786
2. 2014.....		64	535	932	1,238
3. 2015.....	XXX	124	807	1,385	1,937
4. 2016.....	XXX	XXX	226	664	1,062
5. 2017.....	XXX	XXX	XXX	299	1,013
6. 2018.....	XXX	XXX	XXX	XXX	600

Section C - Credit Accident and Health

1. Prior.....					
2. 2014.....					
3. 2015.....	XXX	NONE			
4. 2016.....	XXX	XXX			
5. 2017.....	XXX	XXX	XXX		
6. 2018.....	XXX	XXX	XXX	XXX	

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

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....					
2. 2014.....					
3. 2015.....	XXX				
4. 2016.....	XXX	XXX			
5. 2017.....	XXX	XXX	XXX		
6. 2018.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2014.....					
3. 2015.....	XXX				
4. 2016.....	XXX	XXX			
5. 2017.....	XXX	XXX	XXX		
6. 2018.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....					
2. 2014.....					
3. 2015.....	XXX				
4. 2016.....	XXX	XXX			
5. 2017.....	XXX	XXX	XXX		
6. 2018.....	XXX	XXX	XXX	XXX	

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2014	2015	2016	2017	2018
1. 2014.....				XXX.....	XXX.....
2. 2015.....	XXX.....	1			XXX.....
3. 2016.....	XXX.....	XXX.....	1		
4. 2017.....	XXX.....	XXX.....	XXX.....	1	
5. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	1

Section B - Other Accident and Health

1. 2014.....		1,135	1,556	XXX.....	XXX.....
2. 2015.....	XXX.....	2,188	2,386	2,665	XXX.....
3. 2016.....	XXX.....	XXX.....	2,280	2,031	2,355
4. 2017.....	XXX.....	XXX.....	XXX.....	2,581	2,712
5. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	6,269

Section C - Credit Accident and Health

1. 2014.....				XXX.....	XXX.....
2. 2015.....	XXX.....				XXX.....
3. 2016.....	XXX.....	XXX.....			
4. 2017.....	XXX.....	XXX.....	XXX.....		
5. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE

Annual Statement for the year 2018 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. 2014.....					
2. 2015.....	XXX				
3. 2016.....	XXX	XXX			
4. 2017.....	XXX	XXX	XXX		
5. 2018.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2014.....		1,199	2,091		
2. 2015.....	XXX	2,311	3,194		
3. 2016.....	XXX	XXX	2,506		
4. 2017.....	XXX	XXX	XXX		
5. 2018.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2014.....					
2. 2015.....	XXX				
3. 2016.....	XXX	XXX			
4. 2017.....	XXX	XXX	XXX		
5. 2018.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....	Standard Factor.....	6,081
3. Individual annuity.....	Standard Factor.....	142,017
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....	Standard Factor.....	35
7. Group annuities.....	Standard Factor.....	1,942
8. Group accident and health.....	Other.....	1
9. Credit accident and health.....		
10. Other accident and health.....	Other.....	10,880
11. Total.....		160,956

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
NONE

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

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

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

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

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

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

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